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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator Marathon Oil Company	
Address P.O. Box 2409, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Casinghead Gas MUST NOT BE PLACED AFTER 10/1/71 UNLESS AN EXCEPTION TO 11-1070 IS OBTAINED.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Warn State A/C 5	Well No. 1	Pool Name, Including Formation Vacuum San Andres	Kind of Lease XXXXXX State	Lease No. NM 387
Location Unit Letter <u>B</u> : <u>330</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u> Line of Section <u>4</u> Township <u>18-S</u> Range <u>35-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 4	Twp. 18-S	Rge. 35-E	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spudded 7-9-71	Date Compl. Ready to Prod. 7-22-71	Total Depth 4750'		P.B.T.D. 4718'				
Elevations (DF, RKB, RT, GR, etc.) GL 3941'	Name of Producing Formation San Andres	Top Oil/Gas Pay 4559'		Tubing Depth 4520'				
Perforations 4559, 63, 67, 75, 79, 85, 87, 88, 92, 94, 97, 98, 4605, 10, 16, 18, 27, 28, & 4631'	Depth Casing Shoe 4749.90'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		420.59'		350			
7-7/8"	5-1/2"		4749.90'		400			
	2-3/8"		4520.00'					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 7-22-71	Date of Test 8-12-71	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 30	Casing Pressure 0	Choke Size 2"
Actual Prod. During Test 37 bbl. fluid	Oil-Bbls. 27	Water-Bbls. 10 (load water)	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

C. A. Hill
(Signature)

Area Supt.

(Title)

August 13, 1971

Date

OIL CONSERVATION COMMISSION

APPROVED Aug 13 1971, 19

BY [Signature]

TITLE Supervisor District I

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and IV for changes of well name or number, or transportation or other such change of conditions.

Separate Forms C-104 must be filed for each pool or field.

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AUG 13 1971

OIL CONSERVATION COMM.
HOBBS, N. M.