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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Marathon Oil Company	Well API No. <u>07037</u> 30-025- 03037
Address PO Box 2409, Hobbs, NM 88240	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mark Owen	Well No. 1	Pool Name, Including Formation Paddock <u>49210</u>	Kind of Lease State, Federal or <u>Fee</u>	Lease No. 5655500
Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>35</u> Township <u>21S</u> Range <u>37E</u> , <u>NMPM</u> , <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"/> Texaco Trading & Transportation	Address (Give address to which approved copy of this form is to be sent) PO Box 60628, Midland, TX 79711-0628			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Northern Nat. Gas	Address (Give address to which approved copy of this form is to be sent) 11525 W. Carlsbad Hwy, Hobbs, NM 88240			
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>35</u>	Twp. <u>21S</u>	Rge. <u>37E</u>
Is gas actually connected?	When?		<u>12/17/92</u>	

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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded <u>6/17/46</u>	Date Compl. Ready to Prod. <u>12/17/92</u>		Total Depth <u>6459</u>		P.B.T.D. <u>6250</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>GL:3380 KB:3393</u>	Name of Producing Formation <u>Paddock</u>		Top Oil/Gas Pay <u>5065</u>		Tubing Depth <u>SN @ 5125</u>			
Perforations <u>5065-5100</u>				Depth Casing Shoe <u>6459</u>				

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	<u>13 3/8" 48#</u>	<u>313</u>	<u>300</u>
	<u>8 5/8" 32#</u>	<u>2796</u>	<u>1500</u>
	<u>5 1/2" 17#</u>	<u>6459</u>	<u>600</u>
	<u>2 1/16"</u>	<u>5125</u>	

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.)

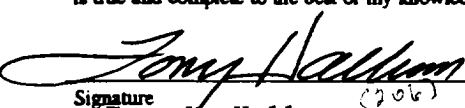
Date First New Oil Run To Tank <u>1-10-93</u>	Date of Test <u>1-22-93</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24</u>	Tubing Pressure	Casing Pressure <u>30</u>	Choke Size
Actual Prod. During Test	Oil - Bbls. <u>3</u>	Water - Bbls. <u>54</u>	Gas- MCF <u>8</u>

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. OPERATOR CERTIFICATE OF COMPLIANCE

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


Signature
Tony W. Hallum (206) Prod. Foreman
Printed Name Title
Date 7/20/93 Telephone No. (505) 393-7106

OIL CONSERVATION DIVISION

Date Approved AUG 24 1993

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.