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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 John H. Hill	
Address 1411 West Avenue, Suite 100, Austin, Texas 78701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

Other (Please explain)
CASSIDY HEAT GAS MUST NOT BE
PLACED AFTER 11/13/73
EXCEPT AN EXCEPTION TO R-4070
IS OBTAINED.

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

R-4635

II. DESCRIPTION OF WELL AND LEASE

Lease Name Marshall Federal	Well No. 1	Pool Name, including Formation Undesignated Penrose	Kind of Lease State, Federal or Fee Federal	Lease No. NM-17807
Location				
Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West				
Line of Section 23 Township 18 South Range 32 East , NMPM, Lea 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"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	P. O. 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 N	Sec. 23	Twp. 18 S	Rge. 32 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'v.	Diff. Res'v.
Date Spudded 6-15-73	Date Compl. Ready to Prod. 7-24-73	Total Depth 4250		P.B.T.D. 4211				
Elevations (DF, RKB, RT, GR, etc.) 3770 Gr., 3781 KB	Name of Producing Formation Penrose		Top Oil/Gas Pay 4176		Tubing Depth 4164			
Perforations 4176-4190	Depth Casing Shoe 4238							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8		514		290 Class H, 2% Gel			
					100 Neat, 2% C.C.			
7-7/8	4-1/2		4238		300 50/50 Pos			
	2-3/8		4164					

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 7-13-73	Date of Test 7-24-73	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 16 hours	Tubing Pressure 150	Casing Pressure 475	Choke Size 16/64
Actual Prod. During Test	Oil - Bbls. 56	Water - Bbls. 0	Gas - MCF 74

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

V. Wiedersheim
(Signature)
Superintendent
(Title)
7-24-73
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

This form is to be filed in compliance with Rule 104

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 VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.