NEW MEXICO OIL CONSERVATION COMMISSION

[illegible] 7/1/57

REQUEST FOR (OIL) - (GAS) [illegible]

This form shall be submitted by the operator before [illegible] allowable will be [illegible] Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same [illegible] sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletio. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

1963 JAN 1[illegible] AM 7 42

Hobbs, New Mexico (Place) 1-[illegible]-63 (Date)

WE [illegible] REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Marathon Oil Company (Company or Operator) Lea Unit (Lease), Well No. 3, in NW ¼ [illegible] ¼

[illegible], Sec. 13, T. 20 S., R. 34 E., NMPM, [illegible]

Lea County. Date Spudded 8-1-62 [illegible] 12-[illegible]

Elevation 3652' [illegible] Total Depth [illegible] PBTD [illegible]

Top Oil/Gas Pay [illegible] Name of Prod. Form. [illegible]

PRODUCING INTERVAL -

Perforations 14,380-[illegible]

Open Hole _____ Depth Casing Shoe [illegible] Depth Tubing 14,[illegible]

OIL WELL TEST -

Natural Prod. Test: _____ bbls.oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 517 bbls.oil, 0 bbls water in 24 hrs, _____ min. Choke Size 9/64"

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 2000 gallons Spearhead Acid

Casing Press. Pkr Tubing Press. 1650 Date first new oil run to tanks 1-9-63

Oil Transporter Texas-New Mexico Pipeline Company

Gas Transporter None

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
13 3/8	[illegible]	800
9 5/8	[illegible]	2970
7"	[illegible]	1205
4½" 13[illegible]-14[illegible]35		100
2 3/8	14[illegible]	

Remarks: Request top 160 acre allowable

Dist: Sinclair Edwin L. Cox D. V. Kitley

NMOCC Edwin B. Cox [illegible] Hamon T. O. Webb

Com. of Pub. Lands J. A. Grimes B. B. Kennedy

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved _____, 19____

MARATHON OIL COMPANY (Company or Operator)

OIL CONSERVATION COMMISSION

By: [signature] (Signature)

By: [signature]

Title Asst. Superintendent

Title _____

Send Communications regarding well to:

Name Marathon Oil Company

Address Box 2107, Hobbs, New Mexico