

OIL CONSERVATION DIVISION
 P. O. BOX 2088
 SANTA FE, NEW MEXICO 87501

Form C-104
 Revised 10-1-78

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SANTA FE	
FILE	
U.S.D.C.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. Operator
 Marathon Oil Company

Address
 P. O. Box 552, Midland, Texas 79702

Reason(s) for filing (Check proper box)
 New Well ☒ Change in Transporter of:
 Recompletion ☐ Oil ☐ Dry Gas ☐
 Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)
 Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service. *B.L.W.*

THIS WELL HAS BEEN PLACED IN THE POOL
 If change of ownership give name and address of previous owner DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

2. DESCRIPTION OF WELL AND LEASE *X-8299 10-1-86*

Lease Name Lea Unit	Well No. 13	Pool Name, including Formation South Lea Bone Springs	Kind of Lease State, Federal or Fee Federal	Lease No. NM 01747
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Location
 Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East
 Line of Section 24 Township 20S Range 34E , NMPM, Lea Co

3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS *SCURLOCK PERMIAN CORP EFF 9-1-91*

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corp. <i>Permian (EFF. 9-1-91)</i>	Address (Give address to which approved copy of this form is to be sent.) 1509 W. Wall, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> Phillips Petroleum Company <i>66 Natl. Gas Co.</i>	Address (Give address to which approved copy of this form is to be sent.) 4001 Permian Bldg., Odessa, Texas 79762

If well produces oil or liquids, give location of tanks.
 Unit G Sec. 24 Twp. 20S Rge. 34E
 Is gas actually connected? No When July 15, 1986

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

4. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. <input type="checkbox"/>
Date Spudded September 24, 1985	Date Compl. Ready to Prod. May 27, 1986	Total Depth 13,500'		P.B.T.D. 10,600'				
Elevations (DF, RKB, RT, GR, etc.) GR 3669' KB 3683'	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 9560'		Tubing Depth				
Perforations 9560-10,376' (total 66 holes)				Depth Casing Shoe 13,494'				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	685'	1025
17-1/2"	13-3/8"	3524'	2700
12-1/4"	8-5/8"	5464'	800
7-7/8"	5-1/2"	13,494'	1775

5. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks May 31, 1986	Date of Test June 14, 1986	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 50 psi	Casing Pressure 0 psi	Choke Size 32/64"
Actual Prod. During Test	Oil-Bbls. 101	Water-Bbls. 19	Gas-MCF 200

GAS WELL

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

6. 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.

Thom F. Sexton
 (Signature)
 Production Engineer
 (Title)
 June 30, 1986
 (Date)

OIL CONSERVATION DIVISION
 JUL 7 1986
 APPROVED _____, 19____
 BY ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT I SUPERVISOR
 TITLE _____

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for able on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.
 Separate Forms C-104 must be filed for each pool in multicompleted wells.

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