

Submit 5 Copies
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

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

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

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. 30-025-31056
Address P. O. box 552, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <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"/>
Other (Please explain) This is a shut-in uneconomic well. Request temporary test allowable of 350 bbls oil to clear frac tanks. <i>N&U</i>	
If change of operator give name and address of previous operator _____ 1991	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Matador "5" Federal	Well No. 1	Pool Name, including Formation Quail Ridge (Bone Spring) <i>U. mine separated</i>	Kind of Lease State, Federal or Fee	Lease No. LC-064194
Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>710</u> Feet From The <u>West</u> Line Section <u>5</u> Township <u>20-S</u> Range <u>34-E</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"/> AA Oilfield Service	Address (Give address to which approved copy of this form is to be sent) P. O. Box 5208, Hobbs, NM 88241					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 <u>L</u>	Sec. <u>5</u>	Twp. <u>20</u>	Rgn. <u>34</u>	Is gas actually connected? <u>No</u>	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 12-22-90	Date Compl. Ready to Prod. 6-3-91		Total Depth 13,660'		P.B.T.D. 10,100'			
Elevations (DF, RKB, RT, GR, etc.) 3617' GR	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 9424'		Tubing Depth 9540'			
Perforations Bone Spring 9424'-9564'					Depth Casing Shoe 10,386'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	433'	395
12 1/4"	8 5/8"	5,158'	2,750
7 7/8"	5 1/2"	10,386'	850

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 test allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 6-3-91	Date of Test 7-27-91	Producing Method (Firm, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 50 psig	Casing Pressure 50 psig	Choke Size --
Actual Prod. During Test	Oil - Bbls. 9	Water - Bbls. 51	Gas - MCF 14

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.

Carl A. Bagwell
Signature
Carl A. Bagwell, Engineering Technician
Printed Name
10-23-91
Date
(915) 682-1626
Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
By _____
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.