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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION 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

Operator Marathon Oil Company		
Address P. O. Box 2409, Hobbs, New Mexico 88240		
Reason(s) for filing (Check proper box)	Designation of Transporter	Other (Please explain)
New Well <input type="checkbox"/>	XXXXXXXXXXXX of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name State Hansen	Well No. 4	Pool Name, including Formation Eumont-Queen	Kind of Lease State, Federal or Fee	State	Lease No. A-3071
Location					
Unit Letter <u>H</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u>					
Line of Section <u>16</u> Township <u>20S</u> Range <u>37E</u> , NMPM, <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"/> Shell Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, Texas 79701				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Northern Natural Gas Co.	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 B	Sec. 16	Twp. 20S	Rge. 37E	Is gas actually connected? 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 <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 checked="" type="checkbox"/> Diff. Res'v. <input type="checkbox"/>	
Date XXXX Started 1-12-78	Date Compl. Ready to Prod. 3-22-78	Total Depth 3855'	P.B.T.D. 3640'
Elevations (DF, RAB, RT, GR, etc.) 3555' DF	Name of Producing Formation Eumont Queen	Top Oil/Gas Pay 3310'	Tubing Depth 3528'
Perforations 3310-35', 3350-80', 3400-3540', 4 SPF (780 holes)			Depth Casing Shoe 3701'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

Date First New Oil Run To Tanks	Date of Test 3-22-78	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 33 BF	Oil-Bbls. 17	Water-Bbls. 16	Gas-MCF 275

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.

William B. Hurd
(Signature)
Production Engineer
(Title)
March 23, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 30 1978, 19____
BY John E. Galt
TITLE _____

This form is to be filed in compliance with RULE 1104.
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 Form C-104 must be filed for each pool in multiply completed wells.

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MAR 28 1978
OIL CONSERVATION COMM.
HOBBS, N. M.