

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

OIL CONSERVATION DIVISION

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

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. 30-025-29218

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

Reason(s) for Filing (Check proper box) Other (Please explain):

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Operator Casinghead Gas Condensate

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, including Formation | Kind of Lease State, Federal or Fee | Lease No. |
|-------------|----------|--------------------------------|--|-----------|
| J. L. Muncy | 6 | Tubb | | |

Location

Unit Letter I 330 Feet From The East Line and 1920 Feet From The South Line

Section 24 Township 22S Range 37E NMPM. Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) P. O. Box 1018, Eunice, NM 88231

Texas-New Mexico Pipeline Company

Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) P. O. Box 1226, Jal, NM 88252

Sid Richardson Carbon & Gasoline Co.

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. Is gas actually connected? | When? |
|--|------|------|------|---------------------------------|----------|
| | P | 24 | 22S | 37E Yes | 12/18/85 |

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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
|-------------------------------------|----------|----------|----------|----------|--------|-----------|------------|------------|
| <input checked="" type="checkbox"/> | | | | | | | | |

Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.B.T.D. _____

Elevations (DF, RKB, RT, GR, etc.) _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Tubing Depth _____

Perforations _____ Depth Casing Shoe _____

TUBING, CASING AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| | | | |
| | | | |
| | | | |

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 Tank _____ Date of Test _____ Producing Method (Flow, pump, gas lift, etc.) _____

Length of Test _____ Tubing Pressure _____ Casing Pressure _____ Choke Size _____

Actual Prod. During Test _____ Oil - Bbls. _____ Water - Bbls. _____ Gas - MCF _____

GAS WELL

Actual Prod. Test - MCF/D _____ Length of Test _____ Bbls. Condensate/MMCF _____ Gravity of Condensate _____

Testing Method (spot, 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.

Rod J. Prosceno
 Signature
Rod J. Prosceno, Operations Engineer
 Printed Name Title
3/18/92 915-682-1626
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved 3/18/92

By _____

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.