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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION 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

MAGNOLIA PIPE CO. C. C.
 11 01 AM '66

I. OPERATOR

Operator: **Marathon Oil Company**

Address: **Box 220 Hobbs, New Mexico**

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):

If change of ownership give name and address of previous owner: ---

II. DESCRIPTION OF WELL AND LEASE

Lease Name: **Section 35 State** Well No.: **5** Pool Name, including Formation: **Undesignated** Kind of Lease: **State**

Location: Unit Letter **H**, **1980** Feet From The **north** Line and **660** Feet From The **east**

Line of Section **35**, Township **7S** Range **33E**, NMPM, **Roosevelt** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Magnolia Pipeline Company Address (Give address to which approved copy of this form is to be sent)
Box 1073 Midland, Texas

Name of Authorized Transporter of Casinghead Gas or Dry Gas
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 **L** Sec. **35** Twp. **7S** Rge. **33E** Is gas actually connected? **no** 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	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
4-24-66	5-8-66	4440'		4406'				
Pool	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
Undesignated	San Andres	4256'		4226'				
Perforations						Depth Casing Shoe		
4256 - 4327 with 16 shots						4439'		

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	388'	250
7-7/8"	4-1/2"	4439'	350
	2-3/8"	4226'	

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)

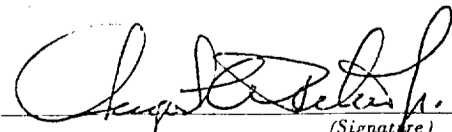
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5-8-66	5-9-66	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
7 hrs	80#	Packer	22/64"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
61.10 bbls	61.10 bbls	None	99

GAS WELL

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


 Area Supt.
 (Title)
 5-11-66
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY **1**

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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.
 Separate Forms C-104 must be filed for each pool in multiply completed wells.