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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico nergy, Minerals and Natural Resources Depart

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

DISTRICT III

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

1000 Rio Brazos Rd., Aztec, NM 87410	REQ	_				BLE AND AND NA		🗕	-	Ν				
Operator							. •			'ell	API No.			
Marathon Oil Compa	ny								· · ·	30	)-025-29	482		
Address			7.0	700										
P. O. Box 552. Mid. Reason(s) for Filing (Check proper box)		xas	79	702		Out	er (P	lease exp	lain)		<del></del>		<del></del>	
New Well		Change in	Transp	orter o	of:				·					
Recompletion	Oii		Dry G											
Change in Operator	Casinghe	ad Gas	Conde	nnie										
f change of operator give name nd address of previous operator									·					
L DESCRIPTION OF WELL	L AND LE	ASE												
Lease Name		1 a i				ng Formation		Uppe:			of Lease		ease No.	
Burleson Federal		1	<u>Q</u>	uere	ecno	Plains	, B	one S	pring	ME,	Federal or Fe	E		
Unit Letter	:66	.0	Care C	T	<b>.</b> N	orth I:-		221	Ο.	т.	eet From The	Faat	7.	
			rea r			<u> </u>	e and		· · · · · · · · · · · · · · · · · · ·	_ 171	et From The	Fast	Line	
Section 26 Towns	hip 185	5	Range	<u> </u>	32	, N	MPM	L L	ea				County	
III. DESIGNATION OF TRA	NSPORTE	R OF OI	L AN	ND N	ATU	RAL GAS		_						
Name of Authorized Transporter of Oil		or Condens				Address (Gi	re ada	tress to w	hich appro	TVE O	copy of this f	orm is to be s	ent)	
Permian SCURLU  Name of Authorized Transporter of Case	CK PÉRMIA!		or Dry		_	P. O.	Bo	x 838	, Hobb	s,	New Me	xico 88	3240	
Phillips 66 Math 9	_	لکا	UL DIS	, Gas		i					Texas		ere)	
If well produces oil or liquids,	Unit	Sec.	Twp.	_ _	Rge.	is gas actual	_			hen				
rive location of tanks.	В	26		8	32	Yes				3/	26/86			
f this production is commingled with the V. COMPLETION DATA	at from any od		ool, gi	ive con	nming	ing order num								
Designate Type of Completion	n - (X)	Oil Weil	 	Gas W	/ell	New Well	w	orkover	Deepe	20	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. 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			
<del></del> ·														
	TUBING, CASING ANI										01010 0511515			
HOLE SIZE	CA	CASING & TUBING SIZE					DEPTH SET					SACKS CEMENT		
				<del></del>							<del> </del>			
U MUCH DAMA AND DECLU														
V. TEST DATA AND REQUI						he equal to or		ad ton all	awahle foe	- 16	ie dansk ar be	for full 24 hou	er )	
Date First New Oil Run To Tank	Date of Te		i ioda	OU BA	a musi	Producing M						OF  121 24 NO	<i>v</i> 3. <i>)</i>	
Length of Test	Tubing Pr	Tubing Pressure				Casing Pressure					Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.		Water - Bbls.					Gas- MCF	Gas- MCF				
·						1								
GAS WELL														
Actual Prod. Test - MCF/D	Length of	Test	-			Bbis. Conde	sate/	MMCF			Gravity of (	Condensate		
												Choke Size		
esting Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)					Choke Size		
VI. OPERATOR CERTIFI	CATE OF	COMP	[ [A]	NCE	<del></del>	<b>\</b>	_		<u> </u>	_				
I hereby certify that the rules and reg				IICL	,	(	OIL	. COI	NSER	V.	ATION	DIVISION	NC	
Division have been complied with an	d that the info	rmation give		/e										
is true and complete to the best of m	y knowledge a	nd belief.				Date	Ap	prove	ed				<del>-</del>	
CARL A. B.	AKNO	(												
Signature						∥ By_								
Carl A. Bagwell, E	ngineeri		nnic Title	ian	_	11								
		915) 68		626		Title		<del></del>						
1/22/91 Date			anone											

## 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.