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SANTA FE				
FILE		T		
U.S.G.S. LAND OFFICE			Ī	
			T	
IRANSPORTER	OIL		T	
	GAS		Γ	
OPERATOR PRORATION OFFICE			T	
			Ī	
Operator				

Area Supt.

(Title)

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	NO. OF COPIES RECEIVED	<u>.</u>					
	DISTRIBUTION	NEW MEXICO CIL. C	CONSERVATION COMMISSION	Form C-104			
	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-1 Electing 1-1-65			
	FILE	-	AND				
	U.S.G.S.	AUTHORIZATION TO TRA	AS U				
	1011			VOTO HAS			
	TRANSPORTER GAS						
	OPERATOR			All the second s			
1.	PRORATION OFFICE	1		The state of the s			
	Operator	1 0					
	Marathon Oi	1 Company /					
		O Hobbs Nou Movies					
	P.O. Box 220, Hobbs, New Mexico Reason(s) for filing (Check proper box) New Well Change in Transporter of: Change in Transporter of:						
	New Well	Change in Transporter of:	nge name from North				
	Recompletion		— Indian Basin Unit Gas "Com". Well # 6 to				
	Change in Cwnership	Casinghead Gas Conde	nsate Well # 6.	n Unit Gas "Com" "A",			
1	•••		merr # 0:				
	If change of ownership give name and address of previous owner						
	,						
Ι.,	DESCRIPTION OF WELL AND						
	North Indian I Unit Gas "Com" "A"		1				
	Lecation Location	6 Indian Basin	Upper Penn State, rederal	or Fee Federal NM 05607			
	_	650 South	1650				
	Unit Letter;;	Feet From The BUILLI Lin	ne and 1650 Feet From T	The <u>East</u>			
	Line of Section 4 To	wnship 21S Range	23E , NMPM, Eddy	County			
,			Ludy	County			
I.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA					
į	Name of Authorized Transporter of Oil Marathon Oil Co Open	Same of Authorized Transporter of Oil or Condensate X Address (Give address to which approved cany of this form is to be sent)					
į	Marathon Oil Co Operator, Indian Basin Gas P.O. Box 1324, Artesia, New Mexico						
į	Name of Authorized Transporter of Car Marathon Oil Co Open	horized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be se					
	Plant and Gathering Sys	arathon Oil Co Operator, Indian Basin Gas P. O. Box 1324, Artesia, New Mexico					
j	It well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Whe				
į		1 - 1 - 1 - 2 - 1 - 2 - 2 - 2 - 2 - 2 -	Yes	9-15-67			
	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order number:				
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty			
	Designate Type of Completion	on - (X)					
ĺ	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth			
	Perforations			Doub Cooks Shap			
	Perforations Depth Casing Shoe						
ł	TUBING, CASING, AND CEMENTING RECORD						
ı	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
Ī							
Į							
	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 allow						
-	DIL WEIL able 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.)						
	Date : I.S. New CI. Non 15 Tanks	Date of Test	Producting Method (Fiew, pump, gas tip	, etc.,			
-	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	•						
ľ	Actual Prod. During Test	Cil-Bbls.	Water-Bbls.	Gas-MCF			
			<u> </u>				
•							
,	GAS WELL						
İ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
ļ	Taraba Managara Angkan I						
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Coming Pressure (Shut-in)	Choke Size			
L	approximation and a second	1	1				
Ι.	ERTIFICATE OF COMPLIANCE		OIL CONSERVA	TION COMMISSION			
			APPROVED	· · · · · · · · · · · · · · · · · · ·			
		regulations of the Oil Conservation with and that the information given	1100	, 13			
	above is true and complete to the	best of my knowledge and belief.	BY W.C.	respect			
			} TITLE	or ∞ ow to			
	/ / HiCA	=13.	This form is to be filed in co				
-	/ / / / / / / / / / / / / / / / / / /	iturd)		ible for a newly drilled or despened led by a tabulation of the deviction			
(Signaturd)			well, this form must be accompanied by a tabulation of the deviation				

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.

Secrete Forms C-104 most be mied for each pool in miduply