Submit 5 Conies	State of New Mexico Energy, Minerals and Natural Resources Department								Form C-1	Form C-104	
Appropriate District Office	Ene CEIVED	rgy, Mi	inerals a	ind Nati	ural Resource	s Deparun	ent		Revised 1 See Instru	- V 1	
P.O. Box 1980, Hobbs, NM 88240	() ()	T. CO	ONSE	RVA	TION D	IVISIO	N R	CEIVE	at Bottom	of Page	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	_				ox 2088					6	
DISTRICT III	IAN 16'89	San			exico 87504		1 1 1				
1000 Rio Brazos Rd., Aztec, NM 87410	REOHE	ST FO	R All	OWAF	BLE AND A	ITHOR	ZAHON	- 11 53 A	11 ' 89		
I.	Querane.	ETRAN	NSPOR	RT OIL	AND NAT	JRAL G	ASDADI				
Operator	(1120	/					All Well	API No.	05011		
Marathon Oil (Company v					· · · · · · · · · · · · · · · · · · ·		30-015-	20011		
Address P.O. Box 552,	Midland,	Texa	s 79	702							
Reason(s) for Filing (Check proper box)					Other	(Please exp	lain)				
New Well			ransporte	r of:							
Recompletion	Oil Casinghead G		Dry Gas Condensat								
If change of operator give name											
and address of previous operator											
II. DESCRIPTION OF WELL		<u> </u>			1)6	e e	92:- 4	-CI		N.T.	
Lease Name Indian Basin "A"	W	eli No. 1 2			ng Formatida (* Basin, (Per	in)		of Lease Federal or Fed		∞ No. 612—A	
Location					A	/					
Unit Letter K	: 1650	1	Feet From	The _S	outh Line	nd <u>16</u>	50 F	et From The	West	Line	
Section 22 Townshi	p 21S	1	Range	23F	, NIMI	M ,	Eddy	7		County	
III. DESIGNATION OF TRAN	SPORTER (OF OII	LAND	NATU	RAL GAS						
Name of Authorized Transporter of Oil		Condens			Address (Give a				orm is to be sent)	
<u>Indian Basin Gas Plant & Cathering System</u>					P.O. Box 1324, Artesia, NM 88210 Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casing Marathon Oil Co. Indian Basi								ia, NM		,	
If well produces oil or liquids,	Unit Se		Twp.		Is gas actually o		When	?	_		
give location of tanks.	G	23	21S	23E	₩o-		<u> </u>	1-21-3	<u>87 </u>		
If this production is commingled with that	from any other k	ease or po	ool, give o	comming	ing order number	·	,			· · · · · · · · · · · · · · · · · · ·	
IV. COMPLETION DATA	10	il Well		Weil	New Well	Workover	Deepen	Plug Rack	Same Res'v	Diff Res'v	
Designate Type of Completion		M WEN	-	X	X	··· OIROVCI]			
Date Spudded	Date Compi. R	-			Total Depth			P.B.T.D.			
11-9-88	12-27-88			7800 ' Top Oil/Gas Pay			7500 Tubing Depth				
Elevations (DF, RKB, RT, GR, etc.) 3900' KB, 3880' GR	Name of Producing Formation Upper Penn				7319'			7195'			
Perforations									Depth Casing Shoe		
Upper Penn 7319'-24', 7334'-38', 7352'-61', 7372'-78' 7800'											
1101 5 0175	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
HOLE SIZE 17 1/2"		13 3/8"				250'			185 sx Class "C" Circ'd		
11"		5/8"			2003'			765 sx (765 sx Class "C" Circ'd		
7 7/8" N/A	5	1/2"			7800'			976 sx Class 'H' Circ'd			
N/A	2 3/8"				7195			N/A			
V. TEST DATA AND REQUES OIL WELL (Test must be after r) I FUK ALI ecovere of total	uolume oi	DLC fload oil :	and must	be equal to or ex	ceed top all	lowable for thi	s depth or be	for full 24 hours	.)	
Date First New Oil Run To Tank	Date of Test				Producing Meth						
								Choke Size			
Length of Test	Tubing Pressur	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
4210'	24 Tubing Pressure (Shut-in)			9.5 Casing Pressure (Shut-in)		58.1					
Testing Method (pitot, back pr.)	1230 psig			1	psig			250"			
Back Pressure 1230 psig /L OPERATOR CERTIFICATE OF COMPLIANCE								<u> </u>			
I hereby certify that the rules and regul						IL COI	NSERV	ATION	DIVISIO	N	
Division have been complied with and that the information given above						IAN 9 7 1000					
is true and complete to the best of my knowledge and belief.					Date /	Date ApprovedJAN 2 7 1089					
									a ky		
Signature					By	By Original Signed Py					
J. R. Jenkins, Hobbs Production Superintendent Printed Name Title											
Printed Name 1-6-89	<u> </u>	15/68	32-162		Inte_						
Date		Telep	bone No.								

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, II, 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 complete: wells.