

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Marathon Oil Company		Well API No. 30-015-26324
Address P. O. Box 552, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name N. Indian Basin Unit	Well No. 8	Pool Name, Including Formation Indian Basin (U. Penn)	Kind of Lease State, Federal or Fee	Lease No. USA NM 05551
Location Unit Letter N : 1650 Feet From The West Line and 330 Feet From The South Line Section 9 Township 21-S Range 23-E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Marathon Oil Company	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1324, Artesia, NM
Name of Authorized Transporter of Casinghead Gas Marathon Oil Company	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1324, Artesia, NM
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 9
	Twp. 21	Rge. 23
	Is gas actually connected? <input checked="" type="checkbox"/> When? 6-28-90	

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
		X	X					
Date Spudded 4-4-90	Date Compl. Ready to Prod. 5-17-90	Total Depth 9303'		P.B.T.D. 9251'				
Elevations (DF, RKB, RT, GR, etc.) 3973' GL	Name of Producing Formation Upper Penn	Top Oil/Gas Pay 7400'		Tubing Depth 9110'				
Perforations Upper Penn 7400'-16'				Depth Casing Shoe 9300'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		190'		280 sx "C" circ.			
11"	11"		2000'		835 sx "C" circ.			
7 7/8"	8 5/8"		9300'		1930 sx "H" circ.			
--	2 7/8"		9110'		--			

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 None	Date of Test 5-30-90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size 8-3-90
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF comp + BK

GAS WELL

Actual Prod. Test - MCF/D 466	Length of Test 4 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 1147	Casing Pressure (Shut-in) 0	Choke Size 25/64"

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.

Allen S. Wilson for T.R.T.
Signature
J. R. Jenkins Hobbs Production Sup't.
Printed Name
6-22-90 (915) 682-1626
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 30 1990

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.