

DISTRIBUTION	
SANTA FE	
FILE	
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

**I. OPERATOR**

Operator: Marathon Oil Company

Address: P.O. Box 2659, Casper, WY 82602

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 <u>Jicarilla Apache</u>	Well No. <u>14-E</u>	Pool Name, including Formation <u>Basin Dakota/<del>Graneros</del></u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Contract <u>154</u>	Lease No. <u>154</u>
Location					
Unit Letter <u>F</u>	<u>1,850</u> Feet From The <u>North</u>	Line and <u>1,685</u> Feet From The <u>West</u>			
Line of Section <u>34</u>	Township <u>26N</u>	Range <u>5W</u>	<u>NMPM,</u>	<u>Rio Arriba</u>	County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Plateau Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Petroleum Center, 501 Airport Drive Suite 114, Farmington, NM 87401</u>				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Northwest Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 90, Farmington, NM 87401</u>				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? <u>No</u> 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
		X	X					
Date Spudded <u>October 17, 1981</u>	Date Compl. Ready to Prod. <u>May 16, 1983</u>	Total Depth <u>7,466'</u>	P.B.T.D. <u>7,405'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>6,579' KB, 6,566' GL</u>	Name of Producing Formation <u>Basin Dakota/Graneros</u>	Top Oil/Gas Pay <u>7,100'</u>	Tubing Depth <u>7,085'</u>					
Perforations <u>7,100'-7,332' Gross Interval</u>							Depth Casing Shoe <u>7,461'</u>	
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>13 3/4"</u>	<u>9-5/8" 36# K-55</u>		<u>519'</u>		<u>450 sacks</u>			
<u>7 7/8"</u>	<u>4-1/2" 10.5 &amp; 11.6, K-55</u>		<u>7,461'</u>		<u>1,690 sacks</u>			
	<u>2-3/8" 4.7# J-55</u>		<u>7,085'</u>					

**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.)	
<u>October 17, 1981</u>	<u>May 16, 1983</u>		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**RECEIVED**  
**MAY 31 1983**

**GAS WELL 5/13/82**

Actual Prod. Test-MCF/D <u>714</u>	Length of Test <u>24 hours</u>	Bbls. Condensate/MMCF <u>21 bbl/MMCF</u>	Gravity of Condensate <u>530</u>
Testing Method (pilot, back pr.) <u>Orifice</u>	Tubing Pressure (Shut-in) <u>1,725 psi</u>	Casing Pressure (Shut-in) <u>--</u>	Choke Size <u>22/64"</u>

**OIL CON. DIV.**

**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.

[Signature]  
(Signature)  
Acting District Manager  
(Title)  
May 24, 1983  
(Date)

OIL CONSERVATION COMMISSION  
7-25-83  
APPROVED JUL 20 1983, 19\_\_\_\_  
BY [Signature]  
TITLE SUPERVISOR DISTRICT #3

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 only Sections I, II, III, and VI 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

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