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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

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

OIL CONSER
P.O. Drawer DD, Ariesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

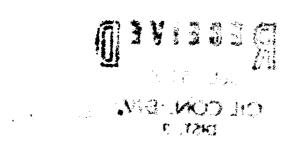
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	OTRA	SPORT O	IL AND N	ATURAL G	AS					
Operator						Well API No.					
Marathon OIl Company					30-039-22591						
Address P. O. Box 552	Midland	, Tx.	79702								
Reason(s) for Filing (Check proper box)				По	her (Please expl	lain)					
New Well	(	Change in 1	ransporter of:								
Recompletion	Oil	□ ı	Ory Gas 🔲								
Change in Operator	Casinghead	Gas 🔲 (	Condensate 🗶								
If change of operator give name					<del></del>			· · · · · · · · · · · · · · · · · · ·	<del></del>		
and address of previous operator	······································			***				<del></del>			
II. DESCRIPTION OF WELL	AND LEA	SE									
Losse Name	1	Well No. Pool Name, Including Formation				Kind of Lease			Lease No.		
Jicarilla Apache		14E	Basin D	akota	ota		, Federal or Fee Ti		L #154		
Location											
Unit Letter F	_ : <u>1</u> :	850	Feet From The	North L	ne and16	85 Fe	et From The	West	Line		
Section 34 Township	26N	1	Range 5W		NMPM,	Rio Ar	<u>riba</u>		County		
III DESIGNATION OF TRANS	CDANTER	. 05 011									
III. DESIGNATION OF TRAN		or Condensi				Cab annana	ann of this i				
•				l l	Address (Give address to which approved copy of this form is to be sent)						
Gary-Williams Energy Name of Authorized Transporter of Casinghead Gas or Dry Gas					P. O. Box 159 Bloomfield, N.M. 87413						
					Address (Give address to which approved copy of this form is to be sent)						
Marathon Oil Company  [well produces oil or liquids,   Unit   Sec.   Twp.   Rge.					P. O. Box 552 Midland, Tx. 79702 Is gas actually connected? When ?						
give location of tanks.			26N 5W		by compared:	) WIRE	1983	1			
If this production is commingled with that f					nher:	., <u> </u>	190	<b>.</b>			
IV. COMPLETION DATA	<b>,</b>			<b></b>				· · · · · · · · · · · · · · · · · · ·	<del></del>		
		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	· (X)	İ	į	İ	i	i i	i	İ	i		
Date Spudded	Date Compi	. Ready to I	rod.	Total Depth			P.B.T.D.	<del></del>	•		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Fon	mation	Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth			
Perforations					•			Depth Casing Shoe			
							<u> </u>	<del> </del>			
	TUBING, CASING AND										
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEM	ENT		
				<del></del>				<del> </del>			
					··	<del></del>	ļ <u> </u>				
				<u> </u>			ļ	<del>,</del>			
V. TEST DATA AND REQUES	T FOD A	LOWA	DEE		· · · · · · · · · · · · · · · · · · ·		<u> </u>				
OIL WELL (Test must be after re				et he equal to a	e exceed ton all	owable for thi	t denth or he	for full 24 hour	re l		
Data First New Oil Run To Tank	Date of Test		1000 00 010		Aethod (Flow, p			OF JEE 27 101			
	Date of Ica		•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•				
Length of Test	Tubing Pres	ente		Casing Pres	ente		Choke Size				
					-						
Actual Prod. During Test	Oil - Bbis.			Water []	EEE	IAF	MCF	<del></del>	<u> </u>		
				ins			W				
GAS WELL				UU	1111 5	1990					
Actual Prod. Test - MCF/D	Length of T	est		Bbls. Cond	mau/MMCF	1000	· Gravity of	Condensate			
					III CON	J. DIV		The state of the s			
sting Method (pitos, back pr.)  Tubing Pressure (Shut-in)				Casing Pre	eure (Shut-in)	4	Choke Size				
					וכת	. <del>.</del>					
VI. OPERATOR CERTIFIC	ATE OF	COMPI	JANCE								
I hereby certify that the rules and regula					OIL CON	<b>NSERV</b>	ATION	DIVISIO	N		
Division have been complied with and that the information given above					JUL 9 19 <b>9</b> 0						
is true and complete to the best of my k	mowledge and	d belief.		Det	e Approve	ed Č	IUL 3	1330			
				Dat	J. WHIDE		. /				
mafell					By But Shand						
Signature Mark A. Zoller Production Superintendent					by						
Printed Name Title					_	SUPERV	ISOR DIS	STRICT #	3		
6-26-90	(915	) 682-		Title	9				<del></del>		
Date			hone 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, 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.



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