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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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	<u>_</u>	O TRAN	SPO	RT OIL	AND NA	TURAL GA						
Operator						Well API No. 30-045-07222						
Marathon Oil Company	<u></u>	· · · · · · · · · · · · · · · · · · ·					3	0-040-0	,			
Address P. O. Box 552, Midla	and, Tex	as 797	702									
Reason(s) for Filing (Check proper box)				 		ner (Please expl						
New Well		Change in Tr	-	er of:		ool name			e No. 94	21,		
Recompletion \square	Oil Casinghead		ry Gas condense	<u>.</u>	0	rder No.	R-8769.					
Change in Operator Change of operator give name	Cangissa	<u> </u>										
ad address of previous operator			·-	···-								
L DESCRIPTION OF WELL							77:- A	-41		ase No.		
Lesse Name	Well No. Pool Name, Including 1 Kutz-Fruit				-D			Kind of Lease State, Federal or Fee				
Ohio "C" Government			Nuc	<u> </u>	CIGIG 5							
Unit LetterC	. 70	90 F	est Pror	n The N	orth Li	na and 185	50 Fe	et From The .	<u> West</u>	Line		
Unit Deutst			••••				Con Tue			_		
Section 26 Townshi	p 281	1 <u>R</u>	ange	11W	1,	IMPM,	San Jua	<u> </u>		County		
II. DESIGNATION OF TRAN	JCDADTEI		AND	NATTI	DAT. GAS							
Name of Authorized Transporter of Oil		or Condense			Address (G	ive address to w	hich approved	copy of this f	orm is to be se	nt)		
<u> </u>				J								
Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas Company					Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87499							
EI Paso Natural Gas			Twp. Rge.					When?				
rive location of tanks.	i c i	•	28	11	Ye	•	ii	2-24	-90			
f this production is commingled with that	from any other	r lease or po	ol, give	commingi	ing order nur	nber:						
V. COMPLETION DATA			-		1	(W	l Danne	Dive Deek	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)	Oil Well	Ga	ıs Well	New Well	Workover	Deepen	Piug Back	Dense ves	j i		
le Spudded Date Compl. Ready to Prod.				·	Total Depth		<u> </u>	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Dep	Tubing Depth			
Perforations					<u> </u>			Depth Casing Shoe				
1 (1) (Implies								-				
TUBING, CASING AND					CEMENTING RECORD							
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	<u> </u>											
	+				 							
V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLÉ			4	lamakla foo dh	in damek an ba	for full 24 hou	1		
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test					Producing 8	or exceed top all Method (Flow, p	ump. 205 lift.	etc.)	jor jant 24 mon	73.)		
Date First New Oil Run 10 1 amk	Date of 14s				Troubung.	(
Length of Test	Tubing Pres	saire			C		WE	Choke Size	1			
								Gas- MCF				
Actual Prod. During Test Oil - Bbis.						DEC 0 5 1990			* **:			
	_,l	•			<u> </u>	CEO C 3 I						
GAS WELL Actual Prod. Test - MCF/D	Length of				Bble Cil	LCON.	Du.	Gravity of	Condensate			
					DIST 2							
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pres	saure (Shut-in)		Choke Size)			
		 										
VL OPERATOR CERTIFIC				CE		OIL COI	NSERV	ATION	DIVISIO	NC		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					DEC 0 5 1990							
is true and complete to the best of my	knowledge at	ad belief.			Dat	e Approve		EC 0.9	1330			
(). 10	•							\/		-		
(rel A. BASWELL						By_ Buil . Chang						
Signature Carl A. Baqwell, E	ngineer	ing Tec	hnic	ian_	-,		SUPER	ISOR DI	STRICT A	13		
Printed Name		•	Title		Titl	θ						
12-4-90	(91	5) 682- Telen	1626									

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.