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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	1
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 Marathon Oil Company	
Address P. O. Box 2659, Casper, Wyoming 82601	
Reason(s) for filing (Check proper box)	
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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ohio "B" Aztec	Well No. 1	Pool Name, including Formation Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. SF075794
Location				
Unit Letter C	1,060	Feet From The North	Line and 1,890	Feet From The West
Line of Section 23	Township 28N	Range 11W	, NMPM, San Juan County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent) No liquids produced	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit None	Sec. Twp. Rge. Is gas actually connected? No
		When Approximately 12-15-74

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'tv.	Diff. Res'tv.
		X						
Date Spudded 8-6-74	Date Compl. Ready to Prod. 9-4-74	Total Depth 1,802'	P.B.T.D. 1,770'					
Elevations (DF, RKB, RT, GR, etc.) 5,707' Gr, 5,718' KB	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 1,696'	Tubing Depth 1,662'					
Perforations 1,696'-1,711' & 1,718'-1,726' w/Schlumberger Hyper Jets, 2 Holes/Ft.		Depth Casing Shoe 1,802'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8", 24#	180'	135 sacks, Class B					
7-7/8"	4-3/4", 16#	1,802'	210 HOWCO Lite, 185 Class					
	2-3/8", 4.7#	1,662'	Packer at 1,662'					
Pictured Cliffs produces gas through tubing								

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)

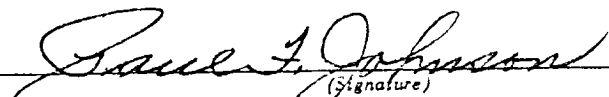
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1,116	Length of Test 3 hours	Bbls. Condensate/MMCF 140	Gravity of Condensate 0
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 235	Casing Pressure (Shut-in) 0	Choke Size 3/4"

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.



District Operations Manager

(Title)

NOVEMBER 18, 1974

(Date)

OIL CONSERVATION COMMISSION

APPROVED

NOV 19 1974

Original Signed by Gary C. Arnold

BY SUPERVISOR DIST. #3

TITLE

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 completed wells.