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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

Note: Well is dually completed in Pictured Cliffs and Farmington. Farmington is currently being flowed for cleanup. Form C-104 for Farmington will be submitted when completion test is available.

Operator Marathon Oil Company	
Address P.O. Box 2659, Casper, WY 82602	
Reason(s) for filing (Check proper box)	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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## I. DESCRIPTION OF WELL AND LEASE

Lease Name Ohio "C" Government	Well No. 4-86	Pool Name, Including Formation Fulcher Kutz Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. 020501
Location Unit Letter J ; 1550 Feet From The South Line and 1450 Feet From The East Line of Section 26 Township 28N Range 11W , NMPM, San Juan County				

## II. 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 Natrual Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit NONE	Sec. NONE
	Twp. NONE	Rge. NONE
	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

## III. 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 10-26-76	Date Compl. Ready to Prod. 12-15-76	Total Depth 1705' TD	P.B.T.D. 1651'					
Elevations (DF, RKB, RT, CR, etc.) 5603' GL, 5615' KB	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 1548'	Tubing Depth 1531'					
Perforations 1548' to 1564' w/50 Hyper II Jets			Depth Casing Shoe 1700'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8" 24# K-55		DEPTH SET 229'		SACKS CEMENT 265 Sacks			
7-7/8"	4-1/2" 10.5# J-55		1700'		350 Sacks			
	2-3/8" 4.6# J-55		1531'					

IV. 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-Bble.	Water-Bble.	COIL CON. COM. DIST. 3

## GAS WELL

Actual Prod. Test-MCF/D 2046 MCFD	Length of Test 3 Hours	Bble. Condensate/MMCF 0	Gravity of Condensate -----
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 328 psig	Casing Pressure (shut-in) Packer	Choke Size 3/4"

## V. 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.

David J. Johnson  
(Signature)  
District Operations Manager  
(Title)  
JANUARY 31, 1977  
(Date)

## OIL CONSERVATION COMMISSION

APPROVED FEB 4 1977, 19\_\_\_\_\_  
BY Original Signed by A. R. Kendrick  
TITLE SUPERVISOR DIST. #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.

Sections I and II must be filed for each pool in multiple