NO. OF COPIES RECEIVED		14	
DISTRIBUTE	ON		
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	GAS	1	
OPERATOR			Γ

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	DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104		
	REQUEST FOR ALLOWABLE			Supersedes Old C-104 and C-		
•	FILE	4 ·	AND	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS .		
	LAND OFFICE	<u> </u>		•		
	TRANSPORTER OIL					
	GAS					
	OPERATOR)	_				
I	PRORATION OFFICE Operator					
	1 '					
	Marathon Oil Company					
		on Wyoming 02602				
	P. O. Box 2659, Caspe Reason(s) for filing (Check proper bo					
		·	Other (Please explain)			
	New Well X	Change in Transporter of:	<u></u>			
	Recompletion Change in Ownership	Oil Dry G	一			
	Change in Ownership	Casinghead Gas Conde	ensate			
	If change of ownership give name					
	and address of previous owner					
**	DESCRIPTION OF HELL AND	IPACE				
11	. DESCRIPTION OF WELL AND	Well No. Pool Name, Including	Formation Kind of Leas	Lease No.		
	Ohio "C" Government	5 Fulcher Kutz	Pictured Cliffs State, Federa			
	Location	J Turcher Rucz	rictured office	rederat innozoso		
	Unit Letter H . 14	150 Feet From The North Li	ne and 950 Fact From	The East		
	Unit Letter	Feet From The Hot Cit	ne and 950 Feet From	The Lust		
	Line of Section 26 To	ownship 28N: Range	11W , NMPM, San	Juan County		
	Eme of Section 20 7c	Trange	TTM , NMPM, Sull	Judii County		
111	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	A \$			
	Name of Authorized Transporter of Oi		Address (Give address to which appro	ved copy of this form is to be sent)		
	None		No Liquids Produced	,		
	Name of Authorized Transporter of Ca		Address (Give address to which appro	ved copy of this form is to be sent)		
	El Paso Natural Gas C	Company	P. O. Box 990, Farming	•		
		Unit Sec. Twp. Fge.	Is gas actually connected? Wh			
	If well produces oil or liquids, give location of tanks. None		No			
IV.	COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:			
- • •		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completic	on – (X)	X			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	10-1-77	1-24-78	1757'	1717'		
	Elevations (DF, RKB, RT, GR, etc.)		Top &X/Gas Pay	Tubing Depth		
	5685' GL, 5697' KB	Fulcher Kutz Pictured	1650'	1599'		
	Perforations	Cliffs		Depth Casing Shoe		
	1650' - 1668' w/19 shots			1757'		
			D CEMENTING RECORD	•		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12-1/4"	8-5/8" 24#	241.54'	200 Sacks		
	7-7/8"	4-1/2" 10.5#	1,756.81'	400 Sacks		
		1 2-3/8" 4.7#	1,599.00'			
			1			
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fier recovery of total volume of load oil	and must be equal to or exceed top allow		
	OIL WELL		epth or be for full 24 hours)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lij	(t, etc.)		
		1				
	Length of Test	Tubing Pressure	Cosing Pressure	Choke Size		
		Lou Bh				
	Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	Gas-MCF		
		<u> </u>		<u> </u>		
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	**************************************	Gravity of Condensate		
,	690	3 hours	.86			
:	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size		
i	Back Pressure		Packer	3/4"		
VI.	CERTIFICATE OF COMPLIANO	C E	OIL CONSERVA	TION COMMISSION		
			MAD 1 =	1070		
I hereby certify that the rules and regulations of the Oil Conservation			APPROVED MAR 1 = 1978			
	Commission have been complied vabove is true and complete to the		By Original Signed by A. R. Kendrick			
		are any manage and besself	01			
			TITLE SUPERVISOR DIST. 🕰			
	120 .1 -	/	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			
	13.8. 1sest	'er				
	(Signa					
	District Operations M		tests taken on the well in accord	tests taken on the well in accordance with RULE 111.		
	(Ti			it be filled out completely for allow-		
	February 17, 1978		sble on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner.			
	- 	ite)		er, or other such change of condition.		
(Date)			- ·			

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.