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TRANSPORTER	OIL	
	GAS	1
OPERATOR		
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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

Operator Marathon Oil Company		
Address P. O. Box 2659, Casper, Wyoming 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 checked="" 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

DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name Ohio "D" Government	Well No. Pool Name, including Formation 1-A Blanco Mesaverde	NM-021123 State, Federal or Fee	
Location			
Unit Letter F	1800' Feet From The North Line and 1650' Feet From The West		
Line of Section 8	Township 31N	Range 12W	County San Juan

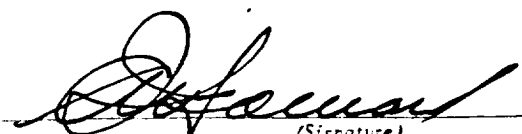
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	None	No Liquids Produced	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	El Paso Natural Gas Company	P. O. Box 990, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When
		No	Waiting on El Paso Approx 4-6 weeks

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

COMPLETION DATA		TUBING, CASING, AND CEMENTING RECORD	
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.		
	X		
Date Spudded 5-12-78	Date Compl. Ready to Prod. 7-26-78	Total Depth 5000'	P.B.T.D. 4957'
Elevations (DF, RKB, RT, GR, etc.) 5913' GL, 5925' KB	Name of Producing Formation Point Lookout	Top Oil/Gas Pay 4880'-4885' 4634'-4708'	Tubing Depth 4326.49'
Perforations 4880'-4885', 4634'-4708'		Depth Casing Shoe	
HOLE SIZE		CASING & TUBING SIZE	
13 1/4"	9-5/8" 36# K-55	DEPTH SET	
8-3/4"	7" 23# K-55	212.00'	
Liner 6 1/4"	4 1/2" 10.5# K-55	4550.20'	
		5000.00'	
		SACKS CEMENT	
		200	
		450	
		65	

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
11,244	3 hrs	0	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
One Point Back Pressure	731 psig	731 psig	3/4"

CERTIFICATE OF COMPLIANCE	OIL CONSERVATION COMMISSION
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.	APPROVED _____, 19 _____
 (Signature)	BY _____
District Operations Manager (Title)	TITLE _____
8-29-78 (Date)	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.