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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	1
OPERATOR		3
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

Operator Marathon Oil Company	
Address P. O. Box 2659, Casper, Wyoming 82602	
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 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	
Lease Name Ohio "E" Government	Well No. 1-A
Pool Name, including Formation Blanco Mesaverde	
Kind of Lease NM-021125	
Lease No. State, Federal or Fee	
Location	
Unit Letter I	: 1800' Feet From The South
Line and 990' Feet From The East	
Line of Section 18	Township 31N
Range 12W	N.M.P.M., San Juan
County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
None	No Liquids Produced
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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

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


COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded 5-30-78	Date Compl. Ready to Prod.
Total Depth 5000'	P.S.T.D. 4957'
Elevations (DF, RKB, RT, GR, etc.) 5889' GL, 5901' KB	Name of Producing Formation Point Lookout
Top Oil/Gas Pay 4619'	Tubing Depth 4206.74'
Perforations 4835'-4839', 4619'-4642'	Depth Casing Shoe

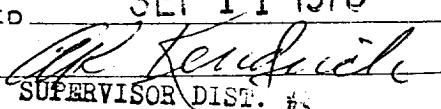
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 1/4"	9-5/8" 36# K-55	212.00'	200
8-3/8"	7" 23# K-55	4,444.00'	450
Liner 6 1/4"	4 1/2" 10.5# K-55	4,998.41'	75

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL		(Test must be after recovery of total volume of lead oil and must be equal to or exceed top allowable for this depth or be for full test)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Shut-in, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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DIST. 3  
SEP 1 1978  
OIL CON. COM.  
DIST. 3

GAS WELL	
Actual Prod. Test-MCF/D 6538	Length of Test 3 hrs
Testing Method (Shut-in, back pr.) One Point Back Pressure	Tubing Pressure (Shut-in) 975 psig
Ebbs. Condensate/MMCF 0	Gravity of Condensate --
Casing Pressure (Shut-in) 973 psig	Choke Size 3/4"

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)	
8-29-78	
(Date)	
Cabrera Div. McLennan Has. Highway 10-18-78	

OIL CONSERVATION COMMISSION	
APPROVED SEP 11 1978	
BY 	
SUPERVISOR DIST. #	
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.	