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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

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 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 "F" Government	Well No. 1-A	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease NM 021126 State, Federal or Fee	Lease No.
Location				
Unit Letter C	990'	Feet From The North	Line and 1800'	Feet From The West
Line of Section 20	Township 31N	Range 12W	, NMPM, San Juan, New Mexico 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.	Is gas actually connected? When
	No Waiting on El Paso

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 5-22-78	Date Compl. Ready to Prod. 8-2-78	Total Depth 5050'	P.B.T.D. 5003'
Elevations (DF, RKB, RT, GR, etc.) 6,000' GL, 6,012' KB	Name of Producing Formation Point Lookout	Top Oil/Gas Pay 4732'	Tubing Depth 4359.20'
Perforations 4883'-4885' 4938'-4939' 4942'-4943' 4893'-4895' 4940'-4941' 4732'-4787'	Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 1/2"	9-5/8"	212.00'	200
8-3/4"	7"	4629.38'	450
Liner	4 1/2"	5050.00'	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 WELL			
Actual Prod. Test-MCF/D 4677	Length of Test 3hrs	Bbls. Condensate/MMCF 0	Choke Size 3/4"
Testing Method (pitot, back pr.) One Point Back Pressure	Tubing Pressure (Shut-in) 975 psig	Casing Pressure (Shut-in) 975 psig	

I. 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 SEP 12 1978	
J. C. Fowler (Signature) Acting District Operations Manager (Title) September 6, 1978 (Date)		Original Signed by L. R. Kendrick BY TITLE SUPERVISOR	
		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.	