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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104

DISTRICT II P.O. Drawer DD, Astonia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brizos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TOTR	ANSF	PORTO	II AND N	ATURAL C	RIZATION			
Operator				<u> </u>	ICANO N	TIONAL	Well	API No.	<del></del>	
Marathon Oil C			30-045-27830							
	14' 27	_	_						7000	
P. O. Box 552, Reason(s) for Filing (Check proper box)	Midla	and,	Texas	79702						
New Well		Change i	а Тиаво	orter of:	0	ther (Please exp	lain)			
Recompletion	Oil		Dry G							
Change in Operator	Casinghe	ud Gas 🔲	Conde							
If change of operator give name and address of previous operator									<del></del>	
	4355									
IL DESCRIPTION OF WELL	AND LE		T							
Ohio "E" Government	18	Well No.			ing Formation		,	of Lease Federal or Fee		esse No.
Location	10	-57/ -	) Da	STIL LTC	пстака	COal		14040 0 140	NM-0	21125
Unit Letter B	_ , 1	265	East B	rom The	FNL	. 14	140 -	_	ere t	
10			_ rook fri		W	se and	F	eet From The	FEL	Line
Section 18 Townsh	ip 31	N	Range	12W	/	MPM, Sar	<u>Juan</u>			County
III. DESIGNATION OF TRAP	VCDADTE		<b>77</b> A & F	T. 314 mm	<b></b>					
Name of Authorized Transporter of Oil	OFURIE	or Condes	IL AN	U NATU	RAL GAS	na address to	bish same	copy of this form		
					(0)	ve unit 633 (0 10)	нися арргочас	copy of thus join	i is io be se	
Name of Authorized Transporter of Casinghead Gas or Dry Gas 🛣					Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas C				P. O.	Box 4990	, Farmir	ngton, NM 87499			
give location of tanks.	Unsit	Unit Sec. Twp. Rgs.			1	y connected?	When	?		
If this production is commissied with that	from any other					<u> </u>	Est	imate 11	-1-90	
IV. COMPLETION DATA	— ,	u ;	pout, grv	A committee	rag order aum					<del></del> ,
Designate Time of G		Oil Well		ias Well	New Well	Workover	Deepen	Plug Back Sar	me Besite	Diff Res'v
Designate Type of Completion		1	<u> </u>	X	<u>i</u>		, <i>Supa</i> , ,		IN KOLV	I Ketv
Date Spudded 7-21-90	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		<u> </u>
Elevations (DF, RKB, RT, GR, etc.)	9-5-90 Name of Producing Formation				2275 Top Oil/Gas Pay			2185'		
5903' GL, 5916' KB	Fruitland Coal				1974			Tubing Depth		
Perforations	1				<u> </u>	.9/4		Depth Casing Si	969'	
<u>1974'-78', 2108'-12</u> '	, 2160'	-661						Solver consists or		7.4 *
TUBING, CASING AND					CEMENTI	NG RECORI	D	2274 '		
HOLE SIZE 12-1/4"	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
7-7/8"	8-5/8"				355'			250 sx		
7-176	5-1/2" 2-3/8"				2274 '			465 sx		
	2-3/6			1969'			N/A			
. TEST DATA AND REQUES	T FOR A	LOWA	BLE	<del></del>			<u>-</u> i	<u> </u>		
OIL WELL (Test must be after n	covery of loss	il volume o	f load oi	l and must l	be equal to or	exceed top allow	wable for this	depth or be for fi	ili 24 hours	r.)
Date First New Oil Rua To Task	Date of Test				Producing Me	thod (Flow, pur	np, gas lift, et	c.)		
ength of Test	Test Tubing Pressure				A S			C C 1 Sa	F 15	
	1 doing Fresh	uie		İ	Casing Pressu	<b></b>		(Puote²2ite ∆	lia :	!
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.		00	Cas- MCF000	111	
							υų	F- YC 1990		
GAS WELL				•			OIL	CON. D	IV	<del></del>
Actual Prod. Test - MCF/D	Length of Te	et .			Bbis. Condens	MMCF		SHOW OF CORD		<del></del>
212	3 hrs.					*	-	_	·	
seting Method (puot, back pr.) Sep. back pressure	Tubing Press				Casing Pressur			Choke Size		
	715 psig				715 psig			54	/64"	
I. OPERATOR CERTIFICA				CE	ا ر	III CON	SERVA	TION DIV	/10101	N I
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above								TION DI	V 13101	¥
is true and complete to the best of my knowledge and belief.					Date Approved0CT 1 6 1990					
2/ , 4/2 : 0:	non-section with	vener.				Anground				
New Wellsking					Date	Approved		T 0 100		
New Weining	for MA					• •				
Signature Welster	_	z 	rinte	endent	By	• •		21 1 0 1000		
Signature Mark A. Zoller Printed Name	for MA	Surper	Tille	endent	Ву		3	d	3	3
Signature Mark A. Zoller Printed Name	for MA	Z Super 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Tille				3		3	3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.