

Submit 5 Copies
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
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator Marathon Oil Company		Well API No. 30-025-31927
Address P.O. Box 552, Midland, Texas, 79702		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of operator give name and address of previous operator _____ THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR PLEASE NOTIFY THIS OFFICE

II. DESCRIPTION OF WELL AND LEASE		Lease No. 874850
Lease Name WARN ST A/C 2	Well No. 19 Pool Name, Including Formation VACUUM (DRINKARD) 19937	Kind of Lease State, Federal or Fee STATE
Location Unit Letter F : 2010 Feet From The NORTH Line and 2230 Feet From The WEST Line Section 6 Township 18-S Range 35-E , NMPM , LEA County		

III. 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 TX, NM PIPE LINE CO <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	BOX 60028, SAN ANGELO, TX 79706-0028		
Name of Authorized Transporter of Casinghead Gas GPM <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	4001 PENNBROOK, ODESSA, TX 79762		
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 6	Twp. 18-S
	Rge. 35-E	Is gas actually connected? YES	When? 05-13-93

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

IV. COMPLETION DATA		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" 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"/>
Designate Type of Completion - (X)	Date Spudded 04-06-93	Date Compl. Ready to Prod. 5-27-93	Total Depth 8180'	P.B.T.D. 8090'					
Elevations (DF, RKB, RT, GR, etc.) GL: 3957.5 KB: 3970.5	Name of Producing Formation DRINKARD	Top Oil/Gas Pay 7807	Tubing Depth 7562		Perforations (7632-7702) (7714-7782) (7807-7908) (7928-8044) Selective				
TUBING, CASING AND CEMENTING RECORD				Depth Casing Shoe 8180					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
14 3/4"	42#, 11 3/4"	1460'		850 SX					
11"	32#, 8 5/8"	2832'		950 SX					
7 7/8"	17# + 15.5#, 5 1/2"	8180		350 SX					
	2 3/8"	7562							

V. 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 Tank 05-10-93	Date of Test 5-28-93	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 13 hrs	Tubing Pressure 175	Casing Pressure PKR	Choke Size 15/64
Actual Prod. During Test	Oil - Bbls. 87	Water - Bbls. 13	Gas- MCF 93

GAS WELL	Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Thomas M Price
Signature
THOMAS M. PRICE ENGINEERING TECH
Printed Name
5-28-93 Title
915-682-1626
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN - 4 1993

By ORIGINAL SIGNED BY JERRY WATSON
DISTRICT I SUPERVISOR

Title _____

- 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.