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STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

SEP 22 '88

Form C-104  
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OIL CONSERVATION DIVISION O. C. D.  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Marathon Oil Company ✓	
Address P. O. Box 552, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	
<input checked="" type="checkbox"/> New Well	Change in Transporter of:
<input type="checkbox"/> Recombination	<input checked="" type="checkbox"/> Oil
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas
	<input type="checkbox"/> Dry Gas
	<input type="checkbox"/> Condensate
Other (Please explain) Testing allowable of 180 BO for month of September: Queen 744-778'	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name North Park Federal	Well No. 1	Pool Name, including Formation Coyote Queen	Kind of Lease State, Federal or Fee Federal	Lease No. NM-62182
Location Unit Letter <u>D</u> : <u>990</u> Feet From The <u>North</u> Line and <u>835</u> Feet From The <u>West</u> Line of Section <u>20</u> Township <u>11S</u> Range <u>27E</u> , NMPM, <u>Chaves</u> County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) 1509 W. Wall, Midland, Texas 79702	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 20
	Twp. 11S	Rge. 27E
	Is gas actually connected? <u>No</u> When	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

## VI. 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 is true and complete to the best of my knowledge and belief.

  
(Signature) J. R. Jenkins  
Hobbs Production Superintendent  
(Title)  
September 16, 1988  
(Date)

## OIL CONSERVATION DIVISION

APPROVED SEP 23 1988, 19 \_\_\_\_\_  
BY Original Signed By  
Mike Williams  
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 filled for each pool in multiply completed wells.