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			Form C-104 Pervised 10-01-78
OIL CONSERVATION DIVISION		Format 06-01-83	
V.8.G.A.			RECEIVED
LAND OFFICE	SANTA FE, NE	WMEXICO 87501	
TRANSPORTER CIL V			
OPERATOR V	REQUEST FOR ALLOWABLE		NOV 03'88
PROBATION OFFICE		AND	
<u>I.</u>		SPORT OIL AND NATURAL GAS	O. C. D.
Operater			ARTESIA, OFFICE
Marathon O	il Company√		
P.O. Box 5	52, Midland, TX 7970	2	
Reason(s) for filing (Check proper box)		Ciher (Please explain)	UNION! TX
	Change in Transporter of:	Change of operator o	nly from Enstar
Change in Ownership		Petroleum Company, P	.0. Drawer 3546.
		Midland, TX 79702 to	Marathon Oil Co.
If change of ownership give name and address of previous owner		P.O. Box 552, Midlan	1, TX 79702
II. DESCRIPTION OF WELL AND	LEASE	API # 30-	015-20783
Losse Name	Weil No. Pool Name, including F		Ledse No.
Vandiver Com	1 Atoka, West	(Morrow) State, Federal or Fe	
Unit Letter <u>M</u> : <u>660</u>	Feet From TheWest_Lin	ne and990 Feet From The	South
Line of Section 18 Towns	ihip 18S Bance	26E , NMPM, Eddy	
III DESIGNATION OF TRANSPO			County
III. DESIGNATION OF TRANSPO	Condensate	L GAS	
		i i i i i i i i i i i i i i i i i i i	
Name of Authorized Transporter of Casingneed Gas of Dry Gas / X		P.O. Box 175, Artesia, NM Address (Give address to watch approved cop	88210
Transwestern Pipeline Company		P.O. Box 2521, Houston, TX	
		Is gas actually connected? When	
give location of tanks.	M 18 18S 26E	Yes	ril, 1973 Post IN-3
f this production is commingled with t	that from any other lease or pool.	give comminging order number	
NOTE: Complete Parts IV and V o			11-11-88
		19	chy Op
7. CERTIFICATE OF COMPLIANC	E	OIL CONSERVATION	
hereby certify that the rules and regulations	of the Oil Contempore Division		388
een complied with and that the information g	iven is true and complete to the best of	APPROVED NUV 4	. 19
ny knowledge and belief.		BYOriginal Signed By	
		Mike William	
_	ł		
ALL.	-J.R. Jenkins	This form is to be filed in complia	nce with RULE 1104.
(Signature	/	If this is a request for silowable (a	a a annin daitt i d
Hobbs Production Supe	rintendent	well, this form must be accompanied by tests taken on the well in accordance	
(Tisie)		All sections of this form must be (!	
11/2/88		core on new and recompleted wells.	
(Date)		Fill out only Sections I. II. III, a well name or number, or transporten or ot	nd VI for changes of owner.
		Separate Forms C-104 must be fill completed wells.	id for each pool in multiply

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