wb. of cories received       4         DISTRIBUTION       NEW MEXICO OIL CONSERVATION COL SION         SANTA FE       REQUEST FOR ALLOWABLE         FILE       AND         U.S.G.S.       AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS         LAND OFFICE       OIL         IRANSPORTER       OIL         OPERATOR       RECEIVED         I. PRORATION OFFICE       OUL         Operator       OUL					Effective 1	Old C-104 and C-110		
	Marathon Oil Company JAN 1 2 1977 Address P. O. Box 2409, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) New Well X Change in Transporter of: New Well X Change in Transporter of:							
	New Well       X       Change in Transporter of:         Recompletion       Oil       Dry Gas       CASINGHEAD GAS MUST NOT BE         Change in Ownership       Casinghead Gas       Condensate       FLARED AFTER _3-2-7         If change of ownership give name and address of previous owner       IS CRTAINFD       2-2/6						and the second	
							j	
II.	DESCRIPTION OF WELL AND LEASE           Lease Name         Well No. Pool Name, Including Four           Arnquist Estate         2         Undesignated           Location         Location         Location							
	Unit Letter A ; 330 Feet From The North Line and 330 Feet From The East							
	Line of Section 29 Township 18S Range 26E , NMPM, Eddy County							
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	Address (Gi			ved copy of this form		
	Permian Corporation Name of Authorized Transporter of Casinghead Gas or Dry Gas		P.O. Box 3119, Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent)					
	If well produces oil or liquids, give location of tanks. A 29 188 26E		No					
	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Pasty, Diff. Resty							
	Designate Type of Completion - (X) X		X Total Depth	۱ ۲	1 			
	Date Spudded 10-28-76	Date Compl. Ready to Prod. 11-25-76	3000 °		P.B.T.D. 2958	3 '		
	Elevations (DF, RKB, RT, GR, etc.) 3436' KB	Name of Producing Formation Yeso	Top Oil/Gas Pay 2396'		Tubing Depth 2566'			
	Perforations Depth Casing Shoe 3000'							
			D CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	<u>  .</u> 	300'		360 sx Clas	CEMENT	
	17 1/2 12 1/4"	9 5/8"		1200' 450 3000'			:e, 300 sx"C"	
	8 3/4"	7"				684 sx 50/9	50 Pozmix	
		2 3/8"	2566'				i	
ν.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load ail and must be equal to or exceed top allow able 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.)				
	11-25-76	1-4-77 Tubing Pressure	Pump Casing Pressure		Choke Size	$\leftarrow \leftarrow \leftarrow \leftarrow$		
	Length of Test 24 hrs.			25 psi		_	T	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbla	h		Gas-MCF		
	182 bbls.	23	159		23			
	GAS WELL			Bble. Condensate/MMCF Gravity of Condensate				
	Actual Prod. Test-MCF/D	Tubing Pressure ( Shnt-in )		saure ( Shut-		Choke Size	contin	
	Teating Mathod (pitot, back pr.)	Lond Pressue (Surt-14)					1.1	
VI.	CERTIFICATE OF COMPLIANCE		JAN 1 3 1977					
	I hereby certify that the rules and regulations of the Oil Conserve <sup>31</sup> on Commission have been complied with and that the information given above is true and complete to the best of my knowledge and he <sup>11</sup> f.		BY A Gresset					
	Robert J. Dunchu (Signature) Petroleum Engineer (Title) January 11, 1977 (Date)		This If th well, this tests tak All able on t	TITLE <u>SUPERVISOR</u> , DISTRICT II This form is to be filed in compliance with NULE 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 RUL 2 111. All sections of this form must be filled out completely for allow- able on new and recompleted wells. Fill out only Sections I. III. and VI for changes of owner, well came or transporter or other such change of condition.				
			well nam	well name or number, or transporter, or other such change of condition.				