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	GAS	/		
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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-65

	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
	TRANSPORTER GAS /			RECEIVED			
I.	OPERATOR / PROPATION OFFICE Operator			FEB 2 3 1978			
	Marathon Oil Compa	ny 🗸		O. C. C.			
	P. O. Box 2409, Ho	bbs, New Mexico 88240		ARTESIA, OFFICE			
	Reason(s) for liling (Check proper box	, plaignate	Other (Please explain)	er die bestelle de men de een die de een de de een de een			
	Recompletion Change in Ownership	Change in Transporter of: Cil Dry Go Casinghead Gas X Conde		nghead Gas Connection			
	If change of ownership give name and address of previous owner						
II. DESCRIPTION OF WELL AND LEASE							
	Lease Name - Arnquist Estate	Well No. Fool Name, including F Penasco Draw (San Andres-Yeso State, Fede	2.044			
	Location			1.55			
	Unit Letter A : 33	O Feet From The North Lir	ne and <u>330</u> Feet From	n The <u>East</u>			
	Line of Section 29 Tov	enship 18S Range	26E , NMPM,	Eddy County			
Ħ.	DESIGNATION OF TRANSPORT			roved copy of this form is to be sent)			
	Name of Authorized Transporter of Cill Permian Corporation	文 or Condensate (**) Permian (だんな / 1 こと)	P. O. Box 3119. Midlar	•			
Name of Authorized Transporter of Casinghead		singhead Gas 📉 💮 or Dry Gas 🗀		roved copy of this form is to be sent)			
	Phillips Petroleum	Unit Sec. Twp. Pge.	P. O. Box 2130, Hobbs	New Mexico 88240			
	If well produces oil or liquids, give location of tanks.	B 29 18S 26E	Yes	2–10–78			
	If this production is commingled wit COMPLETION DATA			No			
	Designate Type of Completio	$\operatorname{Gas Well}$ Gas Well	New Well Workover Deepen	Piug Back Same Resty. Diff. Resty.			
	Date Spudged	Date Compl. Ready to Proa.	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Tep C!!/Gas Pay	Tubing Depth			
	Perforations			Depth Casing Shoe			
	Periorations						
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	CEMENTING RECORD DEPTH SET	SACKS CEMENT			
			1				
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or each total volume of load oil and must be equal to or each total volume.)							
j	OIL WELL Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF			
į				APP PP			
	AS HELL						
	Actual Prod. Teet-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Frub-in)	Choke Size			
Ί.	CERTIFICATE OF COMPLIANC	ČE .	H = .	ATION COMMISSION			
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. (Signature) Production Engineer (Title)			APPROVED FEB 2.4 1978 BY A Chiessett				
						TITLE SUPERVISOR, DISTRICT II	
			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation tests (sken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on now 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				
						February 22, 1978	

Separate Volume C-16% mort be fited for each pool in multiply completed well.