## District I PO Box 1980, Hobbs, NM 88241-1980

District II

PO Drawer DD, Artesia, NM 88211-0719

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

## State of New Mexico Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

Form C-104 + Revised October 18, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

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2040 South Pacheco	, Santa Fe	, NM 87505										Ц	AME	NDED REPOR			
I.		REQUES	T FOR	ALI	LOWAE	BLE	AND AU	J <b>THO</b>	RIZAT	TON TO	TR	ANSI	PORT	•			
	REQUEST FOR ALLOWABLE AND AUTHORIZATIO  1 Operator name and Address												<sup>2</sup> OGRID Number				
Marathon O	11 Comp	oany										014021					
P.O. Box 2	409				3				3 Reas	eason for Filing Code							
Hobbs, NM						NW PO	NW POD's previously requested										
4 A	PI Numbe	er .			<sup>5</sup> Pool Na	<sup>6</sup> Pool Code											
30-0 30-015-29837 N							linois Ca	26490									
<sup>7</sup> Prop	erty Cod	0	1				8 Property Name						9 Well Number				
<u></u>	21591			David				d Crockett 27 State						1			
П.	Surfac	e Locatio	n														
UL or lot no.	Section	Township	Range	L	ot. Idn	Feet	from the North/South Line		Feet from the E		East/W	ast/West line County					
K	27	185		28E		<u> </u>	1650	S	outh	1980		West Ed		Eddy			
11 Bottom Hole Location																	
UL or lot no. Sect		Township	Range	L	Lot. Idn	Feet	from the	North/S	South Line	Feet from the		East/West line		County			
10			1 140			Ц,	5 a 100 p			6.0400===		D. 1 17 =					
12 Lse Code		cing Method (	Code 14 Ga	Gas Connection Date			15 C-129 Permit Numbe		er '	<sup>16</sup> C-129 Effective I		Date 17 C-129 Expiration		29 Expiration Date			
\$		Flowing		12/1	17/97					<del></del>	<del></del>		<u> </u>				
III. Oil and	1 Gas		ters ransporter Na				20 POD		21 O/G		2 PAR	TIT OTT	D. 7				
OGRID		19 1	and Address				20 FOD		21 0/G	<b>1</b>		ULSTR Location nd Description					
013382	LG	&E Natura	1				Degreeted		G								
013362	92	021 W. Sanger					Requested G			Meter o	n wel	1 100	ation.				
	Ho	bbs, NM	88240					· 									
020445	rmian					Requested 0			Tank on well location.								
			ton Highway							14.1.4 5.1. 115.1.							
to teleforethis a serience of the control of	HC	bbs, NM	88240			- Ž	Maring Walder	Marija (1944)	si u rahati			1	<del></del>	<del>,</del>			
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Sala Sala	·	(a)				and the state of t			2								
													IAN 199	3			
						. 30,800				:		UCD RE	CEIVE				
IV. Produc	od W	ator		- S	OCD - ARTESIA						SIA S/						
23 POD	Cu VV	acca				2	POD ULS	TR Locat	ion and De	scription	- 14-	N,					
											٠,	િર્ઝ	25535	15			
V. Well Co	omple	tion Data					-										
25 Spud Dat	ady Date 27 TD				<sup>28</sup> PBTD			<sup>29</sup> Perforations <sup>30</sup> DHC, DC, MC				DHC, DC, MC					
10/6/97		11/23/9	7	11.075			10.499		OH 10.044-1								
<sup>31</sup> Ho	ole Sie		<sup>32</sup> Cas	32 Casing & Tubing Size			33 Depth Set			<sup>34</sup> Sacks Cement							
17	13 3/8" 48#				445*			Post 2	D 2	ĵ	470	sxs					
12 1/4"			9 5/8* 36#				2,821			4			1395 sxs				
8 3/4"							10.044				1050 sxs						
	3/4				26 & 23#	<u> </u>	<u> </u>					1050	SXS				
VI Wall T	ogt Do		<del></del>	2	3/8*								<del></del>	-			
VI. Well T		76 Gas Deliv	ery Date	1	37 Test Dat	e	38 7	est Leng	th	39 Tbg. P	(essure		40 (	Csg. Pressure			
11 /02 /07			•							_		l					
11/23/97 41 Choke Size		12/17 42 Oi	7/97	12/19/97 43 Water			<del>- </del> -	24 44 Gas		1200 45 AOF		0 46 Test Method					
				Water						AUF							
18/64"  47 I hereby certify that the n		20			0 1			1451					Flowing				
complied with and	y that the I that the i	rules of the Or information giv	l Conservatio /en above is t	n Divi Tue an	ision have be id complete	een to			OIL CO	NSERVA'	IION	DIVI	SION				
the best of my kno			. <i>f</i>		-		Approved t										
Printed name:							Title: DISTRICT II SUPERVISOR										
Kelly Cook		ð					Title:		DISTRIC	. : :: <b>3</b> UP	EKY13	UK					
Title:		Approval Date:															
Records Pro	Phone:					<del>.</del>		2-19	-71								
1/7/98 393-7106																	
47 If this is a cha	inge of op	erator fill in th	e OGRID nu	mber a	and name of	the p	revious opera	tor									
<u> </u>	Pr	evious Operate	or Signature		<del></del>		Print	ed Name				Title		Date			
1								~~ * ********				1111		Paid			