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6-19-71

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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

	U.S.G.S.	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL G	Δς	
	LAND OFFICE				
	TRANSPORTER GAS	RECEIVI	E' C'		
	OPERATOR				
I.	PRORATION OFFICE JUN 2 3 1971 Operator				
	Marathon Oil Company ↓				
	P.O. Box 2409, Hobbs, New Mexico 88240				
	Reason(s) for filing (Check proper box) Other (Please explain)				
	New Well	Change in Transporter of:	To designate tra	insporter of casing-	
	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Conden	🚞 head gas.		
	If change of ownership give name				
	and address of previous owner				
1.	DESCRIPTION OF WELL AND I	LEASE Well No. Pool Name, Including Fo	ormation Kind of Lease		
	Lease Name Johnson "B" Federal A/C	Shugart Yates,	Carron Director	or Fee Federal 029388(d)	
	Location				
	Unit Letter P; 660	Feet From The East Line	e and 990 Feet From T	he South	
	Line of Section 15 Tow	vnship 18S Range	31E , NMPM, Ed	dy - County	
I.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S		
	Name of Authorized Transporter of Oil		Address (Give address to which approv		
	Texas-New Mexico Pipeli Name of Authorized Transporter of Cas		Box 1510, Midland, Texa Address (Give address to which approv	ed copy of this form is to be sent)	
	Phillips Petroleum Co.		Box 758, Hobbs, New Mex		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Whe Yes	5-1-71	
		th that from any other lease or pool,	give commingling order number:		
V.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
			-		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations		1	Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
v	TEST DATA AND REQUEST FO	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-			
• .	OII. WELL able for this depth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Fibm, pamp, gas so,	,	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
			OU CONSEDUA	TION COMMISSION	
/1.	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		IIIN on 10	TION COMMISSION	
			BY W. a. Erissett		
			TITLE GIL AND GAS INSPLCTUR		
	1 6/20 0a		This form is to be filed in compliance with RULE 1104.		
	(Signature)		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.		
	Area Supt.		All sections of this form must be filled out completely for allow-		
	(Title)		able 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 filed for each pool in multiply completed wells.