

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
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, NM 87504-2088

Form C-104

Revised February 10, 1994

Instructions on back

Submit to Appropriate District Office

5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Marathon Oil Co./Indian Basin P.O. Box 1324 Artesia, NM 88210		OGRID Number 014021
Reason for Filing Code Sell 200 Bbls Skim Oil		
API Number 30-015-21669	Pool Name SWD DEVONIAN	Pool Code 98101
Property Code 16101	Property Name MOC SWD	Well Number 1

II. Surface Location

UL or lot no. K	Section 7	Township 20-S	Range 25-E	Lot. Idn	Feet from the 1980	North/South Line SOUTH	Feet from the 1980	East/West line WEST	County EDDY
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Bottom Hole Location

UL or lot no. K	Section 7	Township 20-S	Range 25-E	Lot. Idn	Feet from the 1980	North/South Line SOUTH	Feet from the 1980	East/West line WEST	County EDDY
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Use Code FEDERAL	Producing Method Code Skim Disp Tank	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date
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III. Oil and Gas Transporters

Transporter OGRID 00734	Transporter Name and Address Amoco 502 N. West Avenue Levelland, Texas 79336	POD 2813932	O/G Oil	POD ULSTR Location and Description UL"K" Sec 7, T-20-S, R-25-E MOC SWD Disposal Facility
				RECEIVED
				SEP 25 1995
				OIL CON. DIV.

IV. Produced Water

POD	POD ULSTR Location and Description DIST. 2
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOP	Test Method

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature:

Printed name:

Jerry J. Harrison

Title:

Gang Pusher

Date:

9-21-95

Phone:

1/503/457/2621

Approved by:

OIL CONSERVATION DIVISION

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

Title:

Approval Date:

SEP 28 1995

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Title

Date

**AMENDED REPORT. CHECK THE BOX-LABELLED
"AMENDED REPORT" AT THE TOP OF THIS DOCUMENT**

Report all gas volumes at 15.025 ° at 60".
Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or recommissioned well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for all wells requests on new and recommissioned wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Incomplete filled out or incomplete forms may be returned to operators unapproved.

1. Operator's name and address
2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
3. Reason for filing code from the following table:

NW	New Well
RC	Recommission
CH	Change of Operator
AO	Add oil/condensate transporter
CO	Change oil/condensate transporter
AQ	Add gas transporter
CQ	Change gas transporter
RT	Request for test allowable (Include volume requested)

If for any other reason write that reason in this box.
4. The API number of this well
5. The name of the pool for this completion
6. The pool code for this pool
7. The property code for this completion
8. The property name (well name) for this completion
9. The well number for this completion
10. The surface location of this completion **NOTE: If the United States government survey designates a Lot Number for this location use that number in the "UL or lot no. box. Otherwise use the OCD unit letter.**
11. The bottom hole location of this completion
12. Lease code from the following table:

F	Federal
S	State
P	Fee
J	Jicarilla
N	Navajo
U	Ute Mountain Ute
I	Other Indian Tribes
13. The producing method code from the following table:

F	Flowing
P	Pumping or other artificial lift
14. MO/DA/YR that this completion was first connected to a gas transporter
15. The permit number from the District approves C-123 for this completion
16. MO/DA/YR of the C-123 approval for this completion
17. MO/DA/YR of the expiration of C-123 approval for this completion
18. The gas or oil transporter's OGRID number
19. Name and address of the transporter of the product
20. The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recommission and this POD has no number the district office will assign a number and write it here.
21. Product code from the following table:

O	Oil
G	Gas

22. The ULSTR location of this POD if it is different from the completion location and a short description of the POD type: "Battery A", "Jones CPD", etc.)
 23. The POD number of the storage from which water is moved from this property. If this is a new well or recommission and this POD has no number the district office will assign a number and write it here.
 24. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)
 25. MO/DA/YR drilling commenced
 26. MO/DA/YR this completion was ready to produce
 27. Total vertical depth of the well
 28. Plugback vertical depth
 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
 30. Inside diameter of the well bore
 31. Outside diameter of the casing and tubing
 32. Depth of casing and tubing. If a casing liner show top and bottom.
 33. Number of sacks of cement used per casing string
- The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.
34. MO/DA/YR that new oil was first produced
 35. MO/DA/YR that gas was first produced into a pipeline
 36. MO/DA/YR that the following test was completed
 37. Length in hours of the test
 38. Flowing tubing pressure - oil wells
Shut-in tubing pressure - gas wells
 39. Flowing casing pressure - oil wells
Shut-in casing pressure - gas wells
 40. Diameter of the choke used in the test
 41. Barrels of oil produced during the test
 42. Barrels of water produced during the test
 43. MCF of gas produced during the test
 44. Gas well calculated absolute open flow in MCF/D
 45. The method used to test the well:

F	Flowing
P	Pumping
S	Swapping

If other method please write it in.
 46. The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report
 47. The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person