Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Astesia, NM 88210		OILC	linerals ONS	ERVA P.O. B		ces Departr. DIVISIC	N N	RECEIVED NOV 1 2 1992 O. C. D.		104 1-1-89 Tractions Model Page J. T GI	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 I. Operator Marathon Oil Company	LOWAI										
Address P.O. Box 552, Midland, Tex Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator If change of operator give name and address of previous operator PHILL	Oil Caainghea	Change in	Dry Ga Conden			Der (Please expl		3 79762			
• •	CRIPTION OF WELL AND LEASE Well No. Pool Name, Iack			•	•			of Lesse Lesse No. Federal or Fee 28790 RAL			
Unix Letter H Section 33 Township	<u>1980 :</u> 18	-5	Feet Fre	om The <u>NC</u> 31-E		e and <u>330</u> MPM,		eet From The E	AST	Line	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil PHILLIPS PET COMP-TRKS Name of Authorized Transporter of Casing PHILLIPS 66 NATURAL GAS	S PET COMP-TRKS					RAL GAS Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK, ODESSA, TX 79762 Address (Give address to which approved copy of this form is to be sent) 4001 PENBRROK, ODESSA, TX 79762					
If well produces oil or liquids, give location of tanks. If this production is commingled with that if IV. COMPLETION DATA	Unit H from any oth	Juit Sec. Twp. Rgs. is gas actually connected?						When 7 FEBRUARY 21, 1978			
Designate Type of Completion	- (X) Date Comp	Oil Well	i	ias Well	New Well Total Depth	Workover	Deepen	Phug Back S P.B.T.D.	iame Res'v	Diff Res'v	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Perforations						Top Oil/Gas Pay			Tubing Depth Depth Casing Shoe		
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				CEMENTING RECORD DEPTH SET			SACKS CEMENT Post ID-3 11-20-92 Ling op			
						t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
Length of Test Actual Prod. During Test	Tubing Pressure Oil - Bbls.				Casing Pressure Water - Bbls.			Choke Size Gas- MCF			
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitet, back pr.) Tubing Pressure (Shut-in) VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations 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 BRENT D. LOCKHART TECHNICIAN Printed Name NOVEMBER 9, 1992 915-682-1626 Date					Casing Pressure (Shui-in) Choke Size OIL CONSERVATION DIVISION NOV 1 6 1992 Date Approved By ORIGINAL SIGNED BY MIKE WILLIAMS Title SUPERVISOR, DISTRICT IF						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.