

SANTA FE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>	<input type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input type="checkbox"/>	<input type="checkbox"/>

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-85

APPROVED BY TO TRANSPORT OIL AND NATURAL GAS

JAN 24 1986

O. C. D.

ARTESIA OFFICE

Operator Hanley Petroleum Inc. ✓

Address 1500 Wilco Bldg., Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Commingle production
DHC - 586

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Marathon-Martinez Federal	Well No. 1	Pool Name, Including Formation Undesignated Bone Spring	Kind of Lease State, Federal or Fee Federal	Lease No. NM 13237
Location Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line of Section 31 Township 19-S Range 29-E, NMPM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77251					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) 430 HS&L Bldg., Bartlesville, OK 74004					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 31	Twp. 19S	Rge. 29E	Is gas actually connected? No	When 2-1-86

If this production is commingled with that from any other lease or pool, give commingling order number: DHC 586

COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well <input checked="" type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8-10-85	Date Compl. Ready to Prod. 1-19-86	Total Depth 11,410'		P.B.T.D. 8993'					
Elevations (DF, RKB, RT, CR, etc.) 3287 Gnd	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 8849		Tubing Depth 8817				
Perforations 8849-8899'				Depth Casing Shoe 9122					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2	13-3/8		412		450				
12-3/4	9-5/8		3151		1450				
8-3/4	5-1/2		9122		1835				
	2-3/8		8817						

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

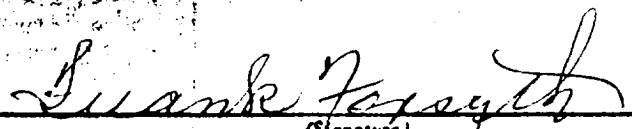
Date First New Oil Run To Tanks 1-19-86	Date of Test 1-21-86	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hr	Tubing Pressure -	Casing Pressure 35	Choke Size 1"
Actual Prod. During Test	Oil-Bbls. 34	Water-Bbls. 35	Gas-MCF 30

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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.


(Signature)
Vice President-Production
(Title)
1-23-86
(Date)

OIL CONSERVATION COMMISSION

JAN 29 1986

APPROVED _____, 19

BY _____ Original Signed By

Les A. Clements

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 deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable 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.