			lineral	s and Nat	ew Mexico ural Resource	•		EXCEIVED	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page	
DISTRICT II P.O. Drawer DD, Astonia, NM 88210				P.O. B	TION I ox 2088 exico 875(DIVISIO)4-2088	N	JAN 16 '91	•-	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410						AUTHORI	4	O. C. D.		
Operator	/	TO TRA	NSP	ORT OIL	AND NA	TURAL G	nu	API No.	.	
Marathon Oil Compa	any 🗸						30	-015-2075	E- 26317	
Address P. O. Box 552, Mid	dland.	Texas	797	702						
Reason(s) for Filing (Check proper box)					Oth	et (Please expl	ain)	<u>, , </u>		
Recompletion	Oil	Change in j	Dry Ga							
Change in Operator	Casinghe	ıd Gas	Conden	sate						
ad address of previous operator) Produ	<u>ction (</u>	orpo	pration	, 415 W.	Wall, S	Suite 90	0. Midlan	d. Texas 7970	
L DESCRIPTION OF WELL	AND LE		De el M			Month	12:- 4			
Less Name Shugart State Com 'A'	ı	Well No. 1	-	gart	ng Formatica Shuqa	nortn rt Morro	0	of Lease Federal or Fee	Lease No.	
Location				-					·····	
Unit LotterC	_:	980	Feet Fr	om The $_$	West Lin	e and66	<u>.</u> Fe	et From The	North Line	
Section 16 Townshi	p 18	- <u>S</u>	Range	31-1	E, N	MPM,		Eddy	County	
II. DESIGNATION OF TRAN	SPORTE	R OF OI	L ANI	D NATU	RAL GAS					
Name of Authorized Transporter of Oli Pride Pipeline		or Condens		X		e address to w ox 2436,		copy of this form	is to be sent) 79604	
Name of Authorized Transporter of Casing	ghead Gas		or Dry	Ges X				copy of this form		
Phillips 66 Natural G						enbrook.			79762	
f well produces oil or liquids, ive location of tanks.	Unait C	Sec. 16	Twp. 18	Rge.	Is gas actually connected? When Yes			7/3/90		
this production is commingled with that f V. COMPLETION DATA	from any oth	ser lease or p	ool, giv	e commingi	ing order num	xer:				
		Oil Well		jas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v Diff Res'v	
Designate Type of Completion		<u> </u>	Ĺ		İ	l	İ.	Ĺ	i	
Date Spudded	Date Com	pl. Ready to	PTOG.		Total Depth			P.B.T.D.		
levations (DF, RKB, RT, GR, etc.)						Top Oil/Gas Pay			Tubing Depth	
erforations									Depth Casing Shoe	
			<u>.</u>							
HOLE SIZE	1	TUBING, CASING AND CASING & TUBING SIZE			CEMENTING RECORD			SACKS CEMENT		
									·····	
	+									
I. TEST DATA AND REQUES IL WELL (Test must be after relations)		LLOWA	BLE							
	acourts of to			il and must	be equal to or	exceed top all	owable for this	t depth or be for :	full 24 hours.)	
	Date of Te	otal volume o		il and must		exceed top allo shod (Flow, pr		s depth or be for j uc.)	fiell 24 hours.)	
Date First New Oil Rua To Tank	Date of Te	otal volume o at		il and must	Producing Ma	sthod (Flow, pr			full 24 hours.) De <u>le d</u> e 1 D	
Date First New Oil Rua To Tank		otal volume o at		il and must	Producing Me Casing Press	sthod (Flow, pr		nc.) Choke Size /	full 24 hours.) D <u>C. Led</u> I D 1 - 7 5 - 91	
Date First New Oil Run To Tank	Date of Te	otal volume o at canne		il and must	Producing Ma	sthod (Flow, pr		#c.)	hell 24 hours.) <u>De Ned I 19</u> 1 - 95 - 91 Chiz - 012	
Date First New Oil Rua To Tank Length of Test Actual Prod. During Test	Date of Te Tubing Pre	otal volume o at canue		il and must	Producing Me Casing Press	sthod (Flow, pr		nc.) Choke Size /	hell 24 hours.) <u>De Med I D</u> 1 - 9 5 - 91 Chig - OP	
ate First New Oil Rua To Tank Length of Test Letual Prod. During Test GAS WELL	Date of Te Tubing Pre	otal volume a st.		il and must	Producing Me Casing Press	sihod (Flow, pr ne		nc.) Choke Size /	<u>Caled ID</u> 1-95-91 Elig OP	
ate First New Oil Rua To Tank ength of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D	Date of Te Tubing Pre Oil - Bbis.	otal volume a st nesure Teet	f load o	il and must	Producing Ma Casing Press Water - Bbls. Bbls. Conden	sihod (Flow, pr ure ssis/MMCF		choke Size / Gas- MCF	<u>06161 I D</u> 1-95-91 Elig OP	
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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.