

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Marathon Oil Company	Well API No. 30-015-27025
Address P.O. Box 552, Midland, Texas, 79702	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
<input checked="" type="checkbox"/> Other (Please explain) GAS CONNECTION	
If change of operator give name and address of previous operator	

### II. DESCRIPTION OF WELL AND LEASE

Lease Name JOHNSON "A" FEDERAL	Well No. 5	Pool Name, Including Formation WILDCAT (GRAYBURG)	Kind of Lease State, Federal or Fee FEDERAL	Lease No. LC-029388-C
Location Unit Letter D, 990 Feet From The NORTH Line and 660 Feet From The WEST Line Section 10 Township 18-S Range 31-E, NMPM, EDDY County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil PRIDE PIPELINE	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1992 LOVINGTON, NM 88260				
Name of Authorized Transporter of Casinghead Gas CONOCO, INC.	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 90 MALJAMAR, NM 88264				
If well produces oil or liquids, give location of tanks.	Unit 1	Sec. 10	Twp. 18-S	Rge. 31-E	Is gas actually connected? YES	When? JANUARY 12, 1993

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

### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11/8/92	Date Compl. Ready to Prod. 12/26/92		Total Depth 4350'		P.B.T.D. 4298'			
Elevations (DF, RKB, RT, GR, etc.) GL: 3717' KB: 3722'	Name of Producing Formation GRAYBURG		Top Oil/Gas Pay 3898'		Tubing Depth 3800'			
Perforations GRAYBURG 3898'-3926', 3998'-4008', & 4044'-4052'					Depth Casing Shoe 4345'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		748'		210			
7-7/8"	5-1/2"		4345'		1150			
	2-7/8"		3800'					

### V. 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.)

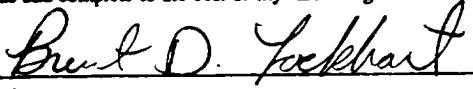
Date First New Oil Run To Tank 12/26/92	Date of Test 12/28/92	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24	Tubing Pressure 10	Casing Pressure 10	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 58	Water - Bbls. 110	Gas - MCF 30

### 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

### 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 01/25/93 Title 915-682-1626  
Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved JAN 28 1993  
By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

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