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Appropriate District Office
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DISTRICT II
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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

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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Marathon Oil Company		Well API No. 30-015-27235
Address P.O. Box 552, Midland, Texas, 79702		
Reason(s) for Filing (Check proper box) New Well <input checked="" 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"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name INDIAN HILLS ST COMM	Well No. 4	Pool Name, Including Formation S. DAGGER DRAW UPPER PENN	Kind of Lease State, Federal or Fee STATE	Lease No. E-10083
Location Unit Letter E : 1880 Feet From The NORTH Line and 660 Feet From The WEST Line Section 36 Township 20-S Range 24-E, NMPM, EDDY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil SURLOCK-PERMIAN	<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 4648 HOUSTON TX 77210-4648				
Name of Authorized Transporter of Casinghead Gas MARATHON INDIAN BASIN GAS PLANT	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) MIDLAND TEXAS				
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 36	Twp. 20-S	Rge. 24-E	Is gas actually connected? YES	When? 02-10-93

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 12-31-92	Date Compl. Ready to Prod. 2-11-93		Total Depth 8,000		P.B.T.D. 7950			
Elevations (DF, RKB, RT, GR, etc.) GL: 3634'	Name of Producing Formation UPPER PENN		Top Oil/Gas Pay 7703		Tubing Depth 7784			
Perforations 7742-7746 7703-7708					Depth Casing Shoe 7999			

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 9 5/8"	DEPTH SET 1220	SACKS CEMENT 1100'
8 3/4"	7"	7999	1100
2 7/8"		MJ:7784' SN:7763'	

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 2-11-93	Date of Test 2-16-93	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HRS	Tubing Pressure 200	Casing Pressure 200	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 312	Water - Bbls. 359	Gas- MCF 308

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 Thomas M Price
THOMAS PRICE ENGINEERING TECH
Printed Name Title
FEBRUARY 16, 1993 915-682-1626
Date Telephone No.

OIL CONSERVATION DIVISION

FEB 24 1993

Date Approved

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.