

District I  
 PO Box 1900, Hobbs, NM 88241-1900  
 District II  
 PO Drawer DD, Artesia, NM 88211-0719  
 District III  
 1000 Rio Bravo Rd., Amec, NM 87410  
 District IV  
 PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
 Energy, Minerals & Natural Resources Department  
**OIL CONSERVATION DIVISION**  
 PO Box 2088  
 Santa Fe, NM 87504-2088

Form C-104  
 Revised February 10, 1994  
 Instructions on back  
 Submit to Appropriate District Office  
 5 Copies

AMENDED REPORT

*cisf*  
*2T*  
*Op*

**I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT**

Operator name and Address Marathon Oil Company P.O. Box 1324 Artesia, NM 88211-1324		OGRID Number 014021
		Reason for Filing Code Sell 200 bbls Skim Oil
API Number 30 - 0015-27465	Pool Name SWD Devonian	Pool Code 96101
Property Code 6408	Property Name Indian Hills State Comm.	Well Number 7

**II. Surface Location**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
F	36	20S	24E	-	1650'	North	1980'	West	Eddy

**Bottom Hole Location**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Loc Code Eddy	Producing Method Code Skim Disp Tank	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

**III. Oil and Gas Transporters**

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
138648	Amoco Trucking 502 N. West Avenue Levelland, TX 79336	2815022	0	F, 36, 20S, 24E IHSC SWD

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 AUG 08 1995  
 OIL CON. DIV.  
 DIST. 2

**IV. Produced Water**

POD	POD ULSTR Location and Description
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**V. Well Completion Data**

Spud Date	Ready Date	TD	PSTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

**VI. Well Test Data**

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Cap. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules 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: *Deanna M. McCoy*  
 Printed name: Deanna M. McCoy  
 Title: Records Processor  
 Date: 08-01-95 Phone: (505)457-2621

OIL CONSERVATION DIVISION  
 Approved by:  
 Title:  
 Approval Date: AUG 7 1995

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date

*BR*

22. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)
23. The POD number of the acreage from which water is moved from the POD. If this is a new well or recompletion and the POD has no number the district office will assign a number and write it here.
24. The ULSTR location of the POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)
25. M/D/A/YR drilling commenced
26. M/D/A/YR this completion was ready to produce
27. Total vertical depth of the well
28. Plugback vertical depth
29. Top and bottom perforation in the completion or casing shoe and TD if applicable
30. Inside diameter of the well bore
31. Outside diameter of the casing and tubing
32. Depth of casing and tubing. If a casing liner show top and bottom.
33. Number of sacks of cement used per casing string
34. The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.
35. M/D/A/YR that gas was first produced into a pipeline
36. M/D/A/YR that the following test was completed
37. Length in hours of the test
38. Flowing tubing pressure - oil wells
39. Shut-in tubing pressure - gas wells
40. Flowing casing pressure - oil wells
41. Shut-in casing pressure - gas wells
42. Diameter of the choke used in the test
43. Barrels of oil produced during the test
44. Barrels of water produced during the test
45. MCF of gas produced during the test
46. Gas well calculated absolute open flow in MCF/D
47. The method used to test the well:  
F Flowing  
P Pumping  
S Swabbing  
I If other method please write it in.
48. The signature, printed name, and title of the person assigned, and the telephone number to call for questions about this report
49. The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report
50. M/D/A/YR that the completion was first connected to a gas transporter
51. The permit number from the District approved C-129 for the completion
52. M/D/A/YR of the C-129 approval for the completion
53. M/D/A/YR of the expiration of C-129 approval for the completion
54. The gas or oil transporter's OGRID number
55. Name and address of the transporter of the product
56. The number assigned to the POD from which the product will be transported by the transporter. If this is a new well office will assign a number and write it here.
57. Product code from the following table:  
G Gas  
O Oil

Report all gas volumes at 15.025 PSIA at 60".  
Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

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

Full out only sections I, B, M, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operator unapproved.

Operator's name and address

Operator's OGRID number. If you do not have one it will be assigned and filed in by the District office.

Reason for filing code from the following table:  
NW New Well  
RC Recompletion  
CH Change of Operator  
AD Add oil/condensate transporter  
AO Add oil/condensate transporter  
CO Change oil/condensate transporter  
AG Add gas transporter  
CG Change gas transporter  
RT Request for test allowable (includes volume requested)

If for any other reason write that reason in this box.

The API number of the well

The name of the pool for this completion

The pool code for this pool

The property code for this completion

The property name (well name) for this completion

The well number for this completion

The surface location of the completion NOTE: If the United States government survey designates a Lot Number for the location use that number in the 'UL or lot no.' box. Otherwise use the OGD unit letter.

The bottom hole location of this completion

Lease code from the following table:  
F Federal  
S State  
P Fee  
J Licenses  
N Navajo  
U Use Mountain Use  
I Other Indian Tribe

The producing method code from the following table:  
F Flowing  
P Pumping or other artificial lift

M/D/A/YR that the completion was first connected to a gas transporter