

District 1
PO Box 1900, Hobbs, NM 88241-1900

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104

Revised February 10, 1994

Instructions on back
Submit to Appropriate District Office
5 Copies

Discussion III

OIL CONSERVATION DIVISION

PO Box 2088
Santa Fe, NM 87504-2088

Part III

Diets IV

☐ AMENDED REPORT

1. 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. ¹⁰ Surface Location

U 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 Ida	Feet from the	North/South line	Feet from the	East/West line	County
" Lee 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

[illegible]

IV. Produced Water

POD	POD ULSTR Location and Description	DIST. 2

V. Well Completion Data

" Spud Date	" Ready Date	" TD	" FETD	" Performances
" 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
" Check 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:

Printed name: Deanna M. McCoy

Tolson Records Processor
--

Date: 10/26/12

Phone: (505) 457-2621

OIL CONSERVATION DIVISION

Approved by:

Title:

Approval Date:

* 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