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DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

NOV 15 1993

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

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

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

Operator <b>Marathon Oil Company</b>	Well API No. <b>30-015-27486</b>
Address <b>P.O. Box 552, Midland, Texas, 79702</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	

If change of operator give name and address of previous operator \_\_\_\_\_

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>INDIAN HILLS ST COMM</b>	Well No. <b>8</b>	Pool Name, Including Formation <b>S. DAGGER DRAW (UPPER PENN)</b>	Kind of Lease State, Federal or Fee <b>STATE</b>	Lease No. <b>E-10083</b>
Location Unit Letter <b>M</b> : <b>976</b> Feet From The <b>SOUTH</b> Line and <b>660</b> Feet From The <b>WEST</b> Line Section <b>36</b> Township <b>20S</b> Range <b>24E</b> , <b>NMPM</b> , <b>EDDY</b> County				

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

Name of Authorized Transporter of Oil <b>SCURLOCK-PERMIAN</b>	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P O BOX 4648 HOUSTON TX 77210-4648</b>				
Name of Authorized Transporter of Casinghead Gas <b>MARATHON OIL CO</b>	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P O BOX 552 MIDLAND TX 79702</b>				
If well produces oil or liquids, give location of tanks.	Unit <b>L</b>	Sec. <b>36</b>	Twp. <b>20S</b>	Rge. <b>24E</b>	Is gas actually connected? <b>YES</b>	When? <b>09-10-93</b>

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded <b>07-27-93</b>	Date Compl. Ready to Prod. <b>9-24-93</b>		Total Depth <b>8020</b>		P.B.T.D. <b>7963</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>GL: 3623 KB: 3641</b>	Name of Producing Formation <b>UPPER PENN</b>		Top Oil/Gas Pay <b>7694</b>		Tubing Depth <b>7528</b>			
Perforations <b>7694-7706, 7720-34, 7758-64, 7780-90, 7796-7800</b>					Depth Casing Shoe <b>8020</b>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE <b>12-1/4"</b>	CASING & TUBING SIZE <b>9-5/8" K-55 36#</b>		DEPTH SET <b>1206'</b>		SACKS CEMENT <b>1605 TOC SURF</b>			
<b>8-3/4"</b>	<b>7" K-55 26# &amp; 23#</b>		<b>8020'</b>		<b>1250 CIRC 150 SX</b>			
	<b>2 7/8"</b>		<b>7528'</b>					

### 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 <b>09-20-93</b>	Date of Test <b>10-10-93</b>	Producing Method (Flow, pump, gas lift, etc.) <b>SUBMERSIBLE PUMP</b>	
Length of Test <b>14 HRS</b>	Tubing Pressure <b>215</b>	Casing Pressure <b>215</b>	Choke Size <b>11-5-93</b>
Actual Prod. During Test	Oil - Bbls. <b>125</b>	Water - Bbls. <b>171</b>	Gas - MCF <b>208</b>

### 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 M. PRICE ADV. ENGIN. TECH.  
Printed Name  
10-29-93  
Date  
915/682-1626  
Telephone No.

### OIL CONSERVATION DIVISION

Date Approved OCT 20 1993

By ORIGINAL SIGNED BY  
MIKE W. JARAS  
Title SUPERVISOR, DISTRICT I

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.

IND HILLS ST COMM 8