NO. OF COPIES RECEIVED  DISTRIBUTION  SANTA FE  FILE	<u>6</u>	NEWN	MEXICO OIL CO
	7		REQUEST F
			KEQUES! F
U.S.G.S. LAND OFFICE		_ AUTHORIZAT	ION TO TRAI
TRANSPORTER GAS	2		#EC!
PRORATION OFFICE			3CT 2
Address			<b>_</b>
Reason(s) for filing (Check p		)x)	
New Wel.  Recompletion		Oil	Dry Gas
Change in Ownerstop		Casinghead Gas	Condens
Change of ownership give nd address of previous ow	naine		
		) LEASE.   Well No.   Poct No.	ime, Including Fo
<u>STANDARD FED. GAS</u> Lecation G	<u> </u>	Gas	Pool - Cis
Unit Letter	·	21 C	_
Cint of States			Traingo
Marathon Oil Compa	iny Mex	Pasinghead Gas or D	Dry Gas ∑ <u>X</u>
		Juit   Eas.   Tv	<sub>vp.</sub>   Ege. 21S  23L
f this production is commit COMPLETION DATA	ngled v		
Designate Type of Co	omplet		Gas Well
Elevations (DF, RKB, RT, G	R, etc.	, Name of Producing Fo.	rmation
Perforations			
		TUBING	, CASING, AND
HOLE SIZE		CASING & TUE	SING SIZE
	UEST	FOR ALLOWABLE	Test must be af able for this de
	Tanks	Date of Test	
Length of Teet		Tubing Pressure	
Actual Prod. During Test		Oil-Bhia.	
Actual Prod. Test-MOF/D		Length of Test	
Teating Method (pitot, back	pr.)	Tubing Pressure ( shu	nt-in)
CERTIFICATE OF CO	IPLW	MCE	
	OPERATOR  OPERATOR  OPERATOR  OPERATOR  ODESSA NA Address  P. O. BOX Reason(s) for filing (Check p New We! Recompletion Change in Ownership give and address of previous ow OESCRIPTION OF WEL. Lease Came Lines Common FED. GAS Leaster  Unit Letter  Change of Authorized Trimspet Marathon Oil Compa Ma	OPERATOR  PHORATION OFFICE  Dependent ODESSA NATURA Address  P. O. Box 590 Reason(s) for filing (Check proper between the completion of th	OPERATOR J PHORATION OFFICE  Deroitor  ODESSA NATURAL CORPORATION V Address  P. O. Box 5908, Odessa, Texas Reason(s) for filing (Check proper box) New We! Change in Ownership Give name and address of previous owner  DESCRIFTION OF WELL AND LEASE Letter Time J. C. WILLIAMSON STANDARD FED. GAS " COMM! 1 Indi STANDARD FED. GAS " COMM! 1 Indi Lecture G 1980 Feet From the Lime of Section 19 Township 21-S  DESIGNATION OF TRANSFORTER OF OIL AND A Name of Authorized Transpirity of City or Condensed Marathon Oil Company GAS Company of New Mexico Marathon Oil Company If well produced the kin. G 19  If this production is commingled with that from any other COMPLETION DATA Designate Type of Completion — (X)  Date Spizied  Determine (PF. RAB, RT. GR. etc., Name of Producing Fo Perforations  TUBING HOLE SIZE CASING & TUE  TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Cit Fun To Tanks  Date Spizied  TUBING HOLE SIZE CASING & TUE  TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Cit Fun To Tanks  Date Spizied  CASING & TUE  TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Cit Fun To Tanks  Date Spizied  CASING & TUE  TUBING HOLE SIZE CASING & TUE  TUBING HOLE SIZE CASING & TUE  TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Cit Fun To Tanks  Date of Test  Length of Test  Length of Test  CASING & TUE  GAS WELL  Actual Fred, Test-MCF/D  Length of Test

Production Foreman

October 28, 1976 (Date)

DISTRIBUTION  SANTA FE  /		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11 Eflective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRA	AND ANSPORT OIL AND NATURAL	GAS	
LAND OFFICE				
TRANSPORTER GAS 2	#EC	EIVED		
OPERATOR /			3 -	
PRORATION OFFICE  Operator	3CT	2 9 1976		
	L CORPORATION V			
Address P. O. Box 390	0 - 0.16 and $0 - 0.06$ $0 - 0.06$	. C. C. BIA, OFFICE		
Reason(s) for filing (Check proper be		Other (Please explain)	,	
New Well Recompletion	Change in Transporter of:  Oil Dry G	as X		
Change in Ownerstar	Casinghead Gas Conde	insate		
If change of ownership give name				
and address of previous owner		· · · · · · · · · · · · · · · · · · ·		
DESCRIPTION OF WELL AND	) LEASE   Well No.: Poel Name, Including F	Formation Kind of Lea	se Lease No.	
J. C. WILLIAMSON STANDARD FED. GAS " C	OMMU 1 Indian Basin-	-Upper Penn. XXXX Feder	79K K KK 12-	
Legame:	000 1001 03		Fast	
Unit Letter :	80 Feet From The North Li	ne andFeet From	The East	
Line of Section 19 7	ownsnip 21-S Range	23-E , NMPM, Edd	y County	
DECION STION OF TRANSFO	TTER OF OIL AND NATURAL G	AS Split Co	nnection	
Nome of Authorized Transporter of C	11 Or Condensate X	Address (Give address to which appr	oved copy of this form is to be sent)	
Marathon Oil Company	asinghead Gas or Dry Gas X	Box 1394, Artesia, New	Mexico oved copy of this form is to be sent)	
Gas Company of New Mex Marathon Oil Company		Box 1394, Artesia, New	oved copy of this form is to be sent) ,,Dallas,Texas 75270   Mexico	
If well produces all or liquids, give location of tasks.	G 19 21S 23L	Is gas actually connected? W	<sup>hen</sup> September 16, 1965 — January 1, 1966	
7	with that from any other lease or pool,		20110012 1, 1200	
. COMPLETION DATA	Otl Well Gas Well	New Weil Workover Deepen	Flug Hack   Same Resty, Diff. Resty	
Designate Type of Comple	tion – (X)	 		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.E.T.D.	
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oll/Gas Pav	Tubing Depth	
Perforations			Depth Casing Stice	
	TUDING CASING AN	ID CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
POLL OFFICE				
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load o lepth or be for full 24 hours)	il and must be equal to or exceed top allow	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
		Casing Pressure	i Choke Size	
Length of Test	Tubing Pressure	Coamid Liganima		
Actual Pros. During Test	Ott-Bbla.	Water-Bbls.	Gan-MCF	
			10,5	
GAS WELL			7	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Teating Methea (piter, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
GERRATE OF COURT	A.C.E.	OIL CONSERV	ATION COMMISSION	
. CERTIFICATE OF COMPLIANCE		NOV 1 1976		
Commission have been complin-	d regulations of the Oil Conservation with and that the information given	APPROVED	111111111111111111111111111111111111111	
Bbove is true and complete to	the best of my knowledge and belief.	·   BY	Digging	
			DISTRICT II	
13.0		This form is to be filed in	n compliance with RULE 1104.	
CAMMan-	(macure)		owable for a newly drilled or deepene panied by a tabulation of the deviatio	
(5)	· · · · · · · · · · · · · · · · · · ·	tests taken on the well in acc	ordance with RULE 111.	

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow able on new and recompleted wells.

Fill out only Sections I, II. III, and VI for changes of owner well name or number, or transporter, or other such change of condition

Separate Forms C-104 must be filed for each pool in multipl