

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

(Marathon is Operator of the Indian Basin Gas Plant and Gathering System. Natural Gas Pipeline Company of America is purchaser of the gas under contracts providing for delivery of residue gas at the Plant.)

Form C-104

Supersedes Old C-104 and C-110

Effective 1-1-65

Marathon Oil Company ✓

Box 220 Hobbs, New Mexico

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well ☐

Change in Transporter of:

Changing left in ☐Oil ☐Dry Gas ☒

Location change of liquid storage production

Changing in working ☐Casinghead Gas ☐Condensate ☒

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Well Name, Including Formation	Kind of Lease
North Indian Basin Unit	1	Indian Basin - Morrow Gas	State, Federal or Fee Fed
Location			
Unit Letter M	660	Feet From The south	Line and 660
		Feet From The west	
Line of Section 10	Township 21S	Range 23E	NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Marathon Oil Company, Operator, Indian Basin Gas Plant and Gathering System	Box 1324 Artesia, New Mexico
Name of Authorized Transporter of Casinghead Gas or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Marathon Oil Company, Operator, Indian Basin Gas Plant and Gathering System	Box 1324 Artesia, New Mexico
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
	G 23 21S 23E
Is gas actually connected?	When

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Foot	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

RECEIVED
DEC 22 1965
O. C. C.
ARTESIA, OFFICE

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

OIL CONSERVATION COMMISSION

APPROVED JAN 24 1966, 19
BY M. Armstrong
TITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.

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 allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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 multiply

Area Supt.

(Title)

Dec. 20, 1965

(Date)