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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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.)

RECEIVED

Marathon Oil Company

Box 220 Hobbs, New Mexico

DEC 22 1965

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Change in location	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in ownership	<input type="checkbox"/>	Gas	<input type="checkbox"/>
		Gas	<input type="checkbox"/>

Other (Please explain)

O. C. C.
ARTESIA, OFFICE

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well Name	North Indian Basin Unit	Well No.	1	Pool Name, including Formation	Indian Basin - Upper Penn Gas	Kind of Lease	State, Federal or Fee	Federal
Location	Section <u>M</u> ; <u>660</u> Feet From The <u>south</u> Line and <u>660</u> Feet From The <u>west</u>							
Section	10	Township	21S	Range	23E	NMPM	Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorizing Transporter of Oil or Condensate	Marathon Oil Company, Operator, Indian Basin Gas Plant and Gathering System	Address (Give address to which approved copy of this form is to be sent)	Box 1324 Artesia, New Mexico
Name of Authorizing Transporter of Gas or Dry Gas	Marathon Oil Company, Operator, Indian Basin Gas Plant and Gathering System	Address (Give address to which approved copy of this form is to be sent)	Box 1324 Artesia, New Mexico
If well produces oil or liquids, give location of tanks.	Unit <u>G</u> Sec. <u>23</u> Twp. <u>21S</u> Rge. <u>23E</u>	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.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
3-28-63	7-29-63		10,100'		9,600'			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Indian Basin	Upper Penn Gas		7470'		7406'			
Perforations	7470' - 7596' w/ 64 shots				Depth Casing Shoe			
				8957'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	10-3/4"		1628'		1550			
8-3/4"	5-1/2"		9600'		2130			

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)

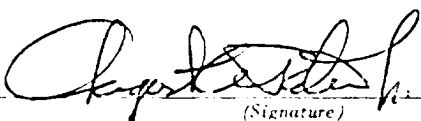
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
3250	24 hrs	None	-
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Back pr.	1000	pkr	1/2"

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.



(Signature)

Area Supt.

(Title)

Dec. 20, 1965

(Date)

OIL CONSERVATION COMMISSION

JAN 26 1966

APPROVED _____, 19

BY M. C. 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