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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 7 GAS
OPERATOR	2
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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MAR 2 1966

Operator Marathon Oil Company		ARTESIA OFFICE	
Address Box 220 Hobbs, New Mexico			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Change in Operator from Ralph Lowe to Marathon Oil Company, eff. 3-1-66	
Recompletion <input type="checkbox"/>			
Change in Ownership <input checked="" type="checkbox"/>			

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Indian Basin "B" Gas "Com"	Well No. 1	Pool Name, Including Formation Indian Basin (Upper Penn)	Kind of Lease State, Federal or Fee Federal
Location Unit Letter K ; 1650 Feet From The south Line and 1650 Feet From The west Line of Section 14 , Township 21S Range 23E , NMPM, Eddy County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Marathon Oil Co., 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 Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Marathon Oil Co., 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 G	Sec. 23	Twp. 21S	Rge. 23E	Is gas actually connected? yes	When 1-26-66

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.				
Pool	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	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
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.


(Signature)

Acting Area Supt.

(Title)

2-28-66

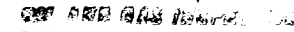
(Date)

OIL CONSERVATION COMMISSION

MAR 2 1966

APPROVED _____, 19

BY 

TITLE 

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 own well name or number, or transporter, or other such change of condition.

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