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NO. OF COPIES RECEIVED			
DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104
SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1
FILE		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	. GAS
LAND OFFICE	(Marathon is Operat	or of the Indian Basin	Plant and Gatherine
TRANSPORTER OIL	- System. Natural Ga	s Pipeline Company of A	marica is nurchaser of
OPERATOR GAS	the gas under contr	acts providing for deli-	very of residue gas at
	the Plant.)		Sub-
Cperator			
DODUDE W WIN			
Address ROBERT N. EN	ETPIN		
P O Pay do	7 Bossell No. Woods	i	RECEIVED
Reason(s) for filing (Check proper b	7 Roswell, New Mexico	Other (Please explain)	
New Well	Change in Transporter of:		DEC 2 2 222
Recompletion	Oil Dry G	Gas	DEC 2 o com
Change in Ownership	Casinghead Gas Cond	ensate	and the second s
To also and the second	_		ARTON SE
If change of ownership give name and address of previous owner	<u> </u>		The second secon
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I. DESCRIPTION OF WELL AN			
Lease Name	Lease No. Well No. Pool N	ame, Including Formation	Kind of Lease
West Indian Basin Uni	it 1 Indi	an Basin-Upper Penn Gas	State, Federal or Fee Federal
Location		ar seesti-opper retail one	
Unit Letter ;	660 Feet From The South	ine and 19801 Feet Fro	m The West
==	- namoc	19801	NOSU
Line of Section 17		23 Fast , NMPM, Eddy	County
Line of Section 17		_,	
I. DESIGNATION OF TRANSPO	Township 21 South Range 2	AS	County
I. DESIGNATION OF TRANSPO	DRTER OF OIL AND NATURAL G	AS Address (Give address to which app	
I. DESIGNATION OF TRANSPO Name of Authorized Transporter of Marathon Oil Company	PRTER OF OIL AND NATURAL GOOD or Condensate Control of	AS Address (Give address to which app	County proved copy of this form is to be sent)
I. DESIGNATION OF TRANSPO Name of Authorized Transporter of Marathon Oll Company Plant And Company On the Plant of the	PRITER OF OIL AND NATURAL GOOD or Condensate Contensate	AS Address (Give address to which applications and Address (Give address to which applications and Address (Give address to which applications)	County proved copy of this form is to be sent)
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OIL WELL	able for this depth or be for full 24 hours)				
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	mp, 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	
2 112	24 hours	QRb1e	59.70	
Testing Method (pitot, back pr.)	Tubling Pressure	Casing Pressure	Choke Size	
Muiti-point back pres-	test 2007#	35#	26/64*	
CERTIFICATE OF COMPLIAN	• • •	OIL CONSERVATION COMMISSION		

APPROVED

TITLE _

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.

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(Title)

December 14, 1965

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

AL AND BAS TESPECTOS

JAN 2,6 1966

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 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 multiply completed wells.