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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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 Unit 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.)

Operator ROBERT N. ENFIELD	
Address P. O. Box 807 Roswell, New Mexico	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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DEC 20 1965

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name West Indian Basin Unit	Lease No. 2	Well No. 2	Pool Name, including Formation Indian Basin-Upper Perm Gas	Kind of Lease State, Federal or Fee Federal
Location				
Unit Letter G : 1980' Feet From The North Line and 1650' Feet From The East				
Line of Section 20 Township 21South Range 23 East , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

(SPLIT CONNECTION)

Name of Authorized Transporter of Oil <input type="checkbox"/> 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 <input type="checkbox"/> 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 1342, Artesia, New Mexico
If well produces oil or liquids, give location of tanks.	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.
		X	X					
Date Spudded Jan. 9, 1965	Date Compl. Ready to Prod. March 28, 1965	Total Depth 7680'		P.B.T.D. 7430'				
Elevations (DF, RKB, RT, GR, etc.) 4003' DF	Name of Producing Formation Cisco-Canyon dol	Top Oil/Gas Pay 7180'		Tubing Depth 7100'				
Perforations 7176-87, 7192-94, 7200-09, 7211-31, 7236-45, 7251-62					Depth Casing Shoe 7665'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13-3/8" casing		188'		200 sacks			
12 1/2"	8-5/8" "		1882'		900 "			
7-7/8"	4 1/2" "		7665'		300 "			

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
8.113	4 hours	10 Bbls	58.60
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Multi-point back pres. test	1667#	1937#	25/64"

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.

Robert N. Enfield
(Signature)
Operator

December 14, 1965

(Date)

OIL CONSERVATION COMMISSION

JAN 26 1966

APPROVED _____, 19

BY **M. L. Armstrong**

TITLE **2nd HRS 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 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.