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TRANSPORTER	OIL	
	GAS	
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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

I.

Operator <b>Kerr-McGee Corporation</b>		<b>RECEIVED</b>	
Address <b>Box 1347, Odessa, Texas</b>		<b>JAN 6 1966</b>	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>	Change operating name, correct lease name, memo 2-65	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	ARTESIA, OFFICE	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input checked="" type="checkbox"/>	
If change of ownership give name and address of previous owner			
<b>Kerr-McGee Oil Industries, Inc.</b>			

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Martha Creek Gas com</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Indian Basin (Morrow)</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location			
Unit Letter <b>J</b>	<b>1650</b>	Feet From The <b>South</b> Line and <b>1650</b>	Feet From The <b>East</b>
Line of Section <b>30</b>	Township <b>21S</b>	Range <b>24E</b>	NMPM, <b>Eddy</b> 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"/>	Address (Give address to which approved copy of this form is to be sent)		
<b>Marathon Oil Company</b>	<b>Box 1324, Artesia, New Mexico 88210</b>		
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)		
<b>Marathon Oil Company</b>	<b>Box 1324, Artesia, New Mexico 88210</b>		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
<b>None Set-Liquid Goes to Plant</b>			
Is gas actually connected?	When		
<b>Yes</b>	<b>December 23, 1965</b>		

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 <input checked="" type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <b>1-6-65</b>	Date Compl. Ready to Prod. <b>3-1-65</b>	Total Depth <b>9572</b>	P.B.T.D. <b>9471</b>					
Pool <b>Indian Basin</b>	Name of Producing Formation <b>Morrow</b>	Top Oil/Gas Pay <b>9152</b>	Tubing Depth <b>9095</b>					
Perforations <b>9152-62, 9224-34, 9318-34, 9352-60, 9369-9406, 9418-26</b>			Depth Casing Shoe <b>9522 RKB</b>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>17 1/2"</b>	<b>13-3/8" OD</b>		<b>198' RKB</b>		<b>250</b>			
<b>12 1/2"</b>	<b>9-5/8" OD</b>		<b>2002' RKB</b>		<b>1575</b>			
<b>8-3/4"</b>	<b>7" OD</b>		<b>9522' RKB</b>		<b>400</b>			
	<b>2-3/8" OD</b>		<b>9095' RKB</b>					

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 <b>5171</b>	Length of Test <b>1 hr.</b>	Bbls. Condensate/MMCF <b>3.5</b>	Gravity of Condensate <b>50.6</b>
Testing Method (pitot, back pr.) <b>Back Pr.</b>	Tubing Pressure <b>2398 PSIG</b>	Casing Pressure <b>Packer</b>	Choke Size <b>20/64"</b>

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)*

**Prod. Supt.**  
(Title)

**1-3-66**  
(Date)

OIL CONSERVATION COMMISSION

**JAN 14 1966**  
APPROVED \_\_\_\_\_, 19\_\_\_\_\_  
BY *ML 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 completed wells.

