

NO. OF COPIES RECEIVED _____
 DISTRIBUTION _____
 SANTA FE _____
 FILE _____
 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.)

Operator **Marathon Oil Company** ✓

Address **Box 220 Hobbs, New Mexico**

Reason(s) for filing (Check proper box)

New Well
 Reopening Well
 Change in ownership
 Change in Transporter of: Oil Dry Gas
 Change in Gas Residue Gas

Other (Please explain)

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., Well Name, including Formation 2 Indian Basin - Upper Penn Gas	Kind of Lease State, Federal or Fee Fed
Location Plot Letter G Section 1650 East of the north Line and 1650 Feet From The east	Line of Section 11 Township 21S Range 23E , N.M.P.M.	County Eddy

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Applicant (Company or Operator) <input checked="" type="checkbox"/> 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 Applicant (Transporter of Gas) <input checked="" type="checkbox"/> 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. What Sec. Twp. Rge. G 23 21S 23E	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'ty.	Diff. Res'ty.
		X	X					
Date Spudded 4-13-64	Date Comm. Ready to Prod. 7-16-64	Total Depth 9545'	P.H.T.D. 7649'					
Pool Indian Basin	Name of Core Including Formation Upper Penn Gas	Top Oil/Gas Pay 7552'	Tubing Depth 7498'					
Perforations 7552 - 7563' - 22 shots			Depth Casing Shoe 8006'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	236'	300					
12-1/4"	9-5/8"	2379'	1125					
8-3/4"	7"	8006'	900					

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, etc.)	RECEIVED	
Length of Test	Tubing Pressure	Casing Pressure	DEC 22 1965	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	O. C. C.	
			ARTESIA, OFFICE	

GAS WELL

Actual Prod. Test - MCF/D AGFP 6076	Length of Test 2.5 hrs	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pitot, back pr.) back pr.	Tubing Pressure 1450	Casing Pressure packer	Choke Size 26/64"

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.

(Signature)

Area Supt.
 (Title)

Dec. 20, 1965
 (Date)

OIL CONSERVATION COMMISSION

APPROVED **JOHN J. 1966**, 19

BY **M. C. Armstrong**

TITLE **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.