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U.S.G.S.		
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 1-7-65

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.)

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I. Operator **Sun Oil Company** JAN 17 1966

Address **P. O. Box 2680, Dallas, Texas, Box 2792, Odessa, Texas**

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input checked="" type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain) **This well has been shut in gas well & is to be operated by Marathon Oil Co. when plant is completed. Completion Date 10-14-64.**

If change of ownership give name and address of previous owner **None**

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
Bright-Federal		1	Indian Basin, Upper Penn.	Federal
Location				
Unit Letter	G	Feet From The	North	Line and
	1650.4		1631.6	Feet From The
			East	
Line of Section	21	Township	21-S	Range
			23-E	, 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"/>	Address (Give address to which approved copy of this form is to be sent)
Marathon Oil Company				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				Box 1324, Artesia, New Mexico
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	-	-	-	-
Is gas actually connected?	When			
yes	12-1965			

If this production is commingled with that from any other lease or pool, give commingling order number: **No**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.
		<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
4-22-64	10-14-64	9300	7550				
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
3895 DF, 3897 RKB, 3883 BH, 3884 GR	Cisco	7170	7207				
Perforations			Depth Casing Shoe				
			9204				
7234-7530							
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
17 1/2"	13 3/8"	200.00	300				
12 1/4"	9 5/8"	2000.00	600				
8 3/4"	4 1/2"	9204.00	600				
	2" EUE	7207.00					

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
6011	1 hour	13.12	58.9 API
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
back pressure	1896	packer	23/64

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.

Area Superintendent
(Signature)
1-7-66
(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY **M L Armstrong**

TITLE **Area Superintendent**

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.