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TRANSPORTER	OIL
	GAS
OPERATOR	5
PRORATION OFFICE	

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

(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.)

RECEIVED

Operator JOHN H. TRIGG	
Address Post Office Box 520, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

New Mexico 06953

Lease Name FEDERAL "CJ"	Well No. 1	Pool Name, including Formation INDIAN BASIN, PENN-CISCO	Kind of Lease FEDERAL
Location Unit Letter F ; 1650 Feet From The NORTH Line and 1650 Feet From The WEST Line of Section 35 , Township 21 SOUTH Range 23 EAST , 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"/> 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) P. O. BOX 1324, ARTESIA, NEW MEXICO
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry 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) P. O. BOX 1324, ARTESIA, NEW MEXICO
If well produces oil or liquids, give location of tanks. Unit F Sec. 35 Twp. 21S. Rge. 23E.	Is gas actually connected? NO 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'y.	Diff. Res'y.
		XX	XX					
Date Spudded 3/8/64	Date Compl. Ready to Prod. 4/22/64	Total Depth 7850 MD	P.B.T.D. 7802 MD					
Pool INDIAN BASIN	Name of Producing Formation PENN-CISCO	Top Oil/Gas Pay 7341	Tubing Depth 7245					
Perforations 7360 - 7396 - 1 11/16" - 72 7412 - 7476 - 1 11/16" - 128 (2/ft)	Depth Casing Shoe 7850							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	125	250					
10 3/4"	9 5/8"	3340	1630					
8 3/4"	7"	7850	200					
	2 3/8"	7245	Tubing					

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)

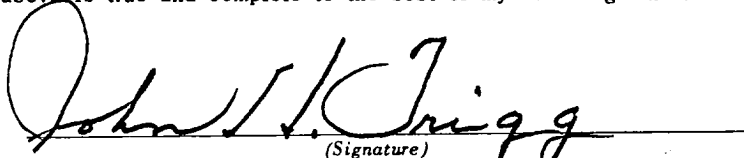
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 264,879 MCF/GPD	Length of Test 36 HRS.	Bbls. Condensate/MMCF 116,449 - 1	Gravity of Condensate 59.0°
Testing Method (pilot, back pr.) Back Pressure Meter	Tubing Pressure 2352	Casing Pressure --	Choke Size 2.0"

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)

OWNER

(Title)

DECEMBER 30, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 26 1966, 19

BY M. L. 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.