NO. OF COPIES RECEIVED				
SANTA FE			Form C-104 Supersedes Old C-104 and C-110	
FILE	+	FOR ALLOWABLE	Effective 1-1-65	
·····		AND		
U.S.G.S.		ANSPORT OIL AND NATURAL G		
LAND OFFICE		f the Indian Basin Gas Pl		
IRANSPORTER OIL		ipeline Company of Americ		
GAS		s providing for delivery	of residue gas at	
OPERATOR	the Plant.)			
PRORATION OFFICE	/	·		
Creator Don An and con	Potroloum Companyian			
· · · · · · · · · · · · · · · · · · ·	Petroleum Corporation			
Addrean		·	•	
·Box 68, Hobbs	-		·	
Reason(s) for filing (Check prop	er hox)		rator & Lease Name Chang	
New Well	Change in Transporter of:	From: John H. Tr	igg, Oper.	
Hecompletion	Oil Dry Go	AZOTEA	ESA FED. GAS COM # 1	
Change in Ownership	Casinghead Gas Conder			
If change of ownership give na and address of previous owner	ame John H. Trigg, Box 520,	Roswell N. M. 88201		
and address of previous owner				
DESCRIPTION OF WELL /	AND LEASE (COM # S(W-286)		
Lettre Prime	Well No. Pool Na	ime, Including Formation	Kind of Lease	
FEDERAL A		dian Basin-Upper Penn	State, Federal or Fee FEDERAL	
Location				
	743 Feet From The NORTH Lin	1055	(1)===	
Unit Letteri	Feet From The IVORIA Lin	ie and Feet From T	he UESI	
8	, Township, 22-5 Range	24-E , NMPM, E	County	
Line of Section	, Township, 66-5 Range			
NUMBER ATION OF TRANS	BORTER OF OIL AND MATURAL CO	N.S.		
	ORTER OF OIL AND NATURAL GA	Address (Give address to which approv	ed copy of this form is to be sent)	
Marathon 011 Company	y, Operator, Indian Basin			
Gag Plant and Gather	ring System	Box 1324, Artesia, New Address (Give address to which approv	Mexi co	
Marathon 011 Company	y, Oper ator, Indian Basin			
Gas Plant and Gather	ring System	Box 1324, Artesia, New		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe		
give location of tanks.	D 8 22 24	YES	1-26-66	
If this production is commingl	ed with that from any other lease or pool,		•	
. COMPLETION DATA			·····	
Designate Type of Com	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Com	·			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
			<u> </u>	
	TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
THET DATE AND REQUE	ST FOR ALLOWABLE (Test must be a	the recovery of total volume of load oil (and must be equal to as exceed top allow	
OIL WELL	able for this di	epth or be for full 24 hours)	ina masi de equat to de exceeu top attou	
Date First New Oil Run To Tan		Producing Method (Flow, pump, gas life	t, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	genome star	
		R	ECEIVED	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF .	
Little From During 1001			JUN 1 77955	
l			JUN 17 1565	
GAS WELL				
Actual Frod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	ASTERIA: OFFICE	
775				
Testing Method (pitot, back pr.)) Tubing P ressure	Casing Pressure	Choke Size	
L		1	l	
CERTIFICATE OF COMP	LIANCE		TION COMMISSION	
			- 1000	
I hereby certify that the rules	s and regulations of the Oil Conservation		7 1966	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		MP/2 1	7.69	
		BY_1/1X Upricent	MA DE BLE ISCHELTUR	
		TITLE	THE SILL SILL BE STR	
	<pre></pre>			
		This form is to be filed in c		
0+4 NMOXC-ALT		If this is a request for allow	able for a newly drilled or deepened	
(- NSW)	(Signature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
1-OB Puryean 1- SUSP	Area Superintendent	All sections of this form must be filled out completely for allow-		
T.R.Q.	(Title)			
	June 15, 1966	Fill out Sections I, II, III,	and VI only for changes of owner	
- · · · · · · · · · · · · · · · · · · ·	(Date)	well name or number, or transport	er, or other such change of condition	
	June 15, 1966	able 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		

Separate Forms C-104 must be filed for each pool in multiply completed wells.