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	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE
AND

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.)

Form C-104, 3
Supersedes Old C-104 and C-110
Effective 1-1-65O. C. C.
ARTESIA, OFFICE

Operator JOHN H. TRIGG ✓		(COMMUNITIZATION AGREEMENT NO. SW-315)	
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:	<i>Correct Lease name 7/11/65</i>	
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 05699

Lease Name FEDERAL AZOTEA MESA Feb 65 Com	Well No. 2	Pool Name, Including Formation INDIAN BASIN, PENN-CISCO	Kind of Lease FEDERAL State, Federal or Fee
Location Unit Letter F C ; 1335 Feet From The WEST Line and 1650 Feet From The NORTH Line of Section 5 , Township 22 SOUTH Range 24 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) Post Office 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) Post Office Box 1324, Artesia, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 5
	Twp. 22S.	Rge. 24E.
	Is gas actually connected? NO	

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'v.	Diff. Res'v.
		XX	XX					
Date Spudded 7/12/65	Date Compl. Ready to Prod. 10/30/65		Total Depth 8316		P.B.T.D. NONE			
Pool INDIAN BASIN	Name of Producing Formation PENN-CISCO		Top Oil/Gas Pay 7801		Tubing Depth 7625			
Perforations 7804 - 7904 - 1 11/16" - 200					Depth Casing Shoe 8316			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		327		350			
11"	8 5/8"		2975		1720			
7 7/8"	4 1/2"		8316		300			
	2 3/8"		7625		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

FOUR POINT TEST WILL BE TAKEN UPON PIPELINE CONNECTION.

GAS WELL RESULTS WILL BE REPORTED TO OCC.

Actual Prod. Test-MCF/D Est. 3335 MCF/GPD	Length of Test ---	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pitot, back pr.) Flow Test	Tubing Pressure 2250	Casing Pressure ---	Choke Size 1/4"

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.

John H. Trigg
(Signature)
OPERATOR
(Title)

DECEMBER 30, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN 26 1966**, 19 _____BY *ML Armstrong*TITLE *SEALING AND TESTING*

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.