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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

FEB 6 1967

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Operator		Marathon Oil Company		
Address		P. O. Box 220, Hobbs, New Mexico		
Reason(s) for filing (Check proper box)		Other (Please explain)		
New Well	<input type="checkbox"/>	Change in Transporter of:	Eff. 2-1-67 change of operator from Ralph Lowe to Marathon Oil Co.; and change of name from Indian Basin "C", well #3 to Indian Basin "F", Well #1.	
Recompletion	<input type="checkbox"/>	Oil		<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas		<input type="checkbox"/>
		Dry 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		Well No.	Pool Name, Including Formation	Kind of Lease
Lease Name		1	Indian Basin - Cisco Canyon	State, Federal or Fee Fed.
Location				
Unit Letter	K	1500	Feet From The South	Line and 1550
Line of Section		25	Range	23E
Township		21S	County Eddy	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil	Marathon Oil Company, Operator, Indian Basin Gas Plant and Gathering System	P. O. Box 1324, Artesia, New Mexico	
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Marathon Oil Company, Operator, Indian Basin Gas Plant, and Gathering System	P. O. Box 1324, Artesia, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When
	G 23 21S 23E	Yes	3-14-66

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)									
Date Spudded	Date Comp. Ready to Prod.	Total Depth		P.R.T.D.					
Pool	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations				Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test				
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size		

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED FEB 6 1967	
Area Supt.		BY W. A. Gressett	
2-1-67		TITLE INSPECTOR	
(Signature)			
(Title)			
(Date)			
		This form is to be filed in compliance with RULE 110.	
		If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 111.	
		All sections of this form must be filled out completely on new and recompleted wells.	
		Fill out Sections I, II, III, and VI only in changes of well name or number, or transporter, or other such change of information.	
		Separate Forms C-104 must be filed for each pool in multiply completed wells.	