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State of New Mexico
RECEIVED
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION
JUL 31 '89 P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Santa Fe		
File		
Transporter	Oil	
Operator	Gas	

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator BILL FIENN, INC.		Well API No.
Address P. O. DRAWER 569, GIDDINGS, TEXAS 78942		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator MARATHON OIL COMPANY, P. O. BOX 552, MIDLAND, TEXAS 79702		

Lease Name INDIAN BASIN F		Well No. 1	Pool Name, including Formation INDIAN BASIN UPPER PENNSYLVANIAN	Kind of Lease State, Federal or Fee	Lease No. NM 70522-A
Location Unit Letter K : 1500 Feet From The S Line and 1500 Feet From The W Line Section 25 Township 21 SOUTH Range 23 EAST , NMPM , EDDY County					

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> MARATHON OIL CO.		Address (Give address to which approved copy of this form is to be sent) P. O. BOX 552, MIDLAND, TEXAS 79702				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> MARATHON OIL CO.		Address (Give address to which approved copy of this form is to be sent) P. O. BOX 552, MIDLAND, TEXAS 79702				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? YES	When? 1966

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	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 Post FD-3 8-4-89 chg op					

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 Tank	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	Casing Pressure (Shut-in)		Choke Size
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			

VI. OPERATOR CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
Signature Danny Brown	OPERATIONS MANAGER
Printed Name 7/25/89	(409) 542-9631
Date	Telephone No.

OIL CONSERVATION DIVISION	
Date Approved	AUG 1 1989
By	ORIGINAL SIGNED BY MIKE WILLIAMS
Title	SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.