

NO. OF COPIES RECEIVED		2
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
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

RECEIVED

Operator DAVID FASKEN, Agent for Marathon Oil Co., Unit Operator		ARTESIA OFFICE
Address 608 First National Bank Bldg., Midland, Texas 79701		
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 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

Lease Name Indian Hills Unit Gas Comp "A"	Lease No. 6	Well No. 6	Pool Name, Including Formation Indian Basin-Morrow Gas	Kind of Lease Federal #066063
Location				State, Federal or Fee #064243
Unit Letter J	1440	Feet From The South	Line and 1440	Feet From The East
Line of Section 17	Township 21 S	Range 24 E	, 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"/>	Address (Give address to which approved copy of this form is to be sent)			
The Permian Corporation	Box 3119 Midland, Texas 79701			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Natural Gas Pipeline Company DAVID FASKEN	Box 236 Midland, Texas 608 FNB Bldg			
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 17	Twp. 21	Rge. 24
Is gas actually connected? yes When 7-1-69 No-deliveries expected to start 7-9-69				

If this production is commingled with that from any other lease or pool, give commingling order number: **CTB-197**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded Re-spud 8-7-68	Date Compl. Ready to Prod. 10-1-68	Total Depth 10,180			P.B.T.D. 10,095			
Elevations (DF, RKB, RT, GR, etc.) 4203 Ground	Name of Producing Formation Morrow		Top Oil/Gas Pay 9839		Tubing Depth 9787			
Perforations 9839-49 (4), 9962-66 (4), 9972-82 (4)					Depth Casing Shoe 10180			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		616		600 sx			
12-1/4	9-5/8		2373		1700 sx			
7-7/8	4-1/2		10180		450 sx			
	2-3/8 " tbg		9787		on packer			

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 9-24-68

Actual Prod. Test-MCF/D CAOF 34,000	Length of Test *	Bbls. Condensate/MMCF GOR 500,000*	Gravity of Condensate 50
Testing Method (pitot, back pr.)	Tubing Pressure Various*	Casing Pressure Various*	Choke Size Various*

VI. CERTIFICATE OF COMPLIANCE *SEE FORM C-122

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)

Agent

(Title)

7-9-69

(Date)

OIL CONSERVATION COMMISSION

APPROVED **W. A. Gressett**, 19

BY **W. A. Gressett**

TITLE **RECEIVED**

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 only Sections I, II, III, and VI 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.