

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

1.

SECTION	5
SANTA FE	/
FILE	/
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	/
PRORATION OFFICE	/

Operator Marathon Oil Company ✓	
Address P.O. Box 220, Hobbs, New Mexico 88240	
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 North Indian Basin Unit	Well No. 7	Pool Name, including Formation Undesign. (Indian Bsn Up. Penn)	Kind of Lease State, Federal or Fee Federal	Lease No. NM 05551
Location Unit Letter <u>K'</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>11</u> Township <u>21S</u> Range <u>23E</u> , NMPM, <u>Eddy</u> 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 Co. - Operator, Indian Basin Gas Plant and Gathering System	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1324, Artesia, New Mexico	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Marathon Oil Co. - Operator, Indian Basin Gas Plant and Gathering System	Address (Give address to which approved copy of this form is to be sent) P. O.Box 1324, Artesia, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 23
	Twp. 21S	Rge. 23E
	Is gas actually connected? <u>No</u> When _____	

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.
		X	X					
Date Spudded 10-4-67	Date Compl. Ready to Prod. 11-9-67		Total Depth 7595'		P.B.T.D. 7564'			
Elevations (DF, RKB, RT, GR, etc., GR 3766.8'	Name of Producing Formation Upper Penn		Top Oil/Gas Pay 7455'		Tubing Depth 7390'			
Perforations 7455-56', 7460-61', 7469-70', 7474-75', 7488-90', 7507-08'.					Depth Casing Shoe 7593'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		161'		350 sxs (Circ.to surf.)			
11"	8-5/8"		2098'		1500 sxs ditto			
7-7/8"	5-1/2"		7593'		990 sxs ditto			
	2-3/8"		7390'					

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

Actual Prod. Test-MCF/D 4500	Length of Test 2 hrs.	Bbls. Condensate/MMCF 12	Gravity of Condensate 58 API @ 60° F.
Testing Method (pitot, back pr.) Positive Choke	Tubing Pressure (Shut-in) 1460 psi	Casing Pressure (Shut-in) Packer	Choke Size 24/64"

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.

C. A. Hilton Jr.
(Signature)

Area Supt.
(Title)

OIL CONSERVATION COMMISSION

APPROVED NOV 27 1967, 19____

BY W. A. Gussitt

TITLE _____

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.