

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	/
FILE	/
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	/
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

JUL 1969

I.

Operator	DAVID FASKEN, Agent for Marathon Oil Co., Unit Operator		G. E. C. 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"/>
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

Lease Name	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease	State
Indian Hills Unit		7	Indian Basin-Morrow Gas	State, Federal or Fee	#E-7437
Location					
Unit Letter	F	2310	Feet From The	North	Line and
					2121
					Feet From The
					West
Line of Section	16	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
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 Co. DAVID FASKEN				Box 236 Midland, Texas 608 FAIR Bldg
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	H	17	21	24
				No Deliveries expected to begin 7-9-69.
				Is gas actually connected? yes When 7-1-69

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
6-13-68	9-25-68	9860	9830					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3975 Ground	Morrow	9539	9531					
Perforations 9539-45, 9662-72, 9725-27, 9735-37, 9740-46, 9748-52, 9756-58, 9774-80	Depth Casing Shoe		9800					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11	8-5/8"		3200		1400			
7-7/8	4-1/2"		9800		450			
	2-3/8"tbg		9531					

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

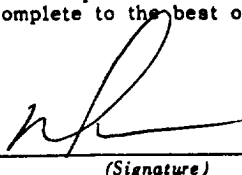
GAS WELL 9-25-68

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
CAOF 3350	4*	GOR 500,000	50
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
	Various*	Various*	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

JUL 14 1969

, 19

BY

W. A. Gressett

TITLE

OIL AND GAS INSPECTOR

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.