STATE OF NEW MEXICO
Energy, Minerals and Natural Resources Departme

OIL CONSERVATION DIVISION

_____

DISTRICT OFFICE

NO. _____

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE _____

PURPOSE _____

OIL CONSERVATION DIVISION

Mike Williams

_____

DISTRICT SUPERVISOR

DISTRIBUTION: WHITE-OPERATOR, GREEN-TRANSPORTER, CANARY-OCC SANTA FE, PINK-OFFICE COPY, GOLDENROD-EXTRA COPY

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Depart. nt

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
Marathon Oil Company	30-015-24777

Address: P. O. Box 552 Midland, Tx. 79702

Reason(s) for Filing (Check proper box)
- New Well [ ]
- Recompletion [X]
- Change in Operator [ ]

Change in Transporter of:
- Oil [ ] Dry Gas [ ]
- Casinghead Gas [ ] Condensate [ ]

Other (Please explain): Request temporary testing allowable of 1700 bbls.

If change of operator give name and address of previous operator: _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease State, Federal or Fee	Lease No.
Pioneer Federal Com	1	La Huerta		NM-0354232

Location: Unit Letter G : 1980 Feet From The North Line and 1740 Feet From The East Line

Section 19 Township 21-S Range 27-E NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)
Pride Pipeline [X]	P. O. Box 1992, Lovington, N.M. 88260
Name of Authorized Transporter of Casinghead Gas or Dry Gas	**Address (Give address to which approved copy of this form is to be sent)**
Maple Gas [X]	110 W. Louisiana, Ste.440, Midland,Tx.79701

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	G	19	21	27	Yes	8-13-91

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
3-17-84	8-13-91	11,500'	11,105'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3209' KB, 3181' GL	Atoka/Strawn	10,258'	10,116'
Perforations			**Depth Casing Shoe**
10,258'-10,593'			11,500'

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	13 3/8"	517'	475'
	8 5/8"	2609'	2510'
	4 1/2"	11,500'	325
	2 3/8" tbg	10,116'	

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

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2603 (combined)	24 hrs.	6.9	
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Back press.	--	0	

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.

Carl A. Bagwell

Signature
Carl A. Bagwell, Engineering Technician
Printed Name / Title
11-26-91 (915) 682-1626
Date / Telephone No.

OIL CONSERVATION DIVISION

Date Approved: NOV 27 1991

By: ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II

Title: _____

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.