PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

TO TBGP P.01

Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

1 Operator name and Address	2 OGRID Number
Marathon Oil Company P.O. Box 1324 Artesia, NM 88210 ✓	014021
	3 Reason for Filing Code Sell 200 Bbls Skim Oil

4 API Number	5 Pool Name	6 Pool Code
30-015-28305	Indian Basin / Morrow	78960
7 Property Code	**8 Property Name**	**9 Well Number**
6411	North Indian Basin Unit	15

II. 10 Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
F	2	21-S	23-E		1980	North	1830	West	Eddy

11 Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
F	2	21-S	23-E		1980	North	1830	West	Eddy

12 Lse Code	13 Producing Method Code	14 Gas Connection Date	15 C-129 Permit Number	16 C-129 Effective Date	17 C-129 Expiration Date
F	F	03/17/95			

III. Oil and Gas Transporters

18 Transporter OGRID	19 Transporter Name and Address	20 POD	21 O/G	22 POD ULSTR Location and Description
014035	Marathon Oil Company PO Box 1324 Artesia, NM 88210	2815133	Gas	UL"F", Sec 2,T-21-S,R23-E
014035	Marathon Oil Company PO Box 1324 Artesia, NM 88210	281532	Oil	UL"F",SEC2,T-21S,R23E

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DIST. 2

IV. Produced Water

23 POD	24 POD ULSTR Location and Description

V. Well Completion Data

25 Spud Date	26 Ready Date	27 TD	28 PBTD	29 Perforations

30 Hole Size	31 Casing & Tubing Size	32 Depth Set	33 Sacks Cement

VI. Well Test Data

34 Date New Oil	35 Gas Delivery Date	36 Test Date	37 Test Length	38 Tbg. Pressure	39 Csg. Pressure

40 Choke Size	41 Oil	42 Water	43 Gas	44 AOF	45 Test Method

46 I hereby certify that the rules 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: Deanna M. McCoy

Printed name: Deanna M. McCoy

Title: Records Processor

Date: 08/07/95 Phone: (505) 457-2621

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY TIM W. GUM

Title: DISTRICT II SUPERVISOR

Approval Date: AUG 14 1995

47 If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

1. Operator's name and address

2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.

3. Reason for filing code from the following table:
   - NW New Well
   - RC Recompletion
   - CH Change of Operator
   - AO Add oil/condensate transporter
   - CO Change oil/condensate transporter
   - AG Add gas transporter
   - CG Change gas transporter
   - RT Request for test allowable (include volume requested)

   If for any other reason write that reason in this box.

4. The API number of this well

5. The name of the pool for this completion

6. The pool code for this pool

7. The property code for this completion

8. The property name (well name) for this completion

9. The well number for this completion

10. The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.

11. The bottom hole location of this completion

12. Lease code from the following table:
    - F Federal
    - S State
    - P Fee
    - J Jicarilla
    - N Navajo
    - U Ute Mountain Ute
    - I Other Indian Tribe

13. The producing method code from the following table:
    - F Flowing
    - P Pumping or other artificial lift

14. MO/DA/YR that this completion was first connected to a gas transporter

15. The permit number from the District approved C-129 for this completion

16. MO/DA/YR of the C-129 approval for this completion

17. MO/DA/YR of the expiration of C-129 approval for this completion

18. The gas or oil transporter's OGRID number

19. Name and address of the transporter of the product

20. The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.

21. Product code from the following table:
    - O Oil
    - G Gas

22. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank",etc.)

23. MO/DA/YR drilling commenced

24. MO/DA/YR this completion was ready to produce

25. Total vertical depth of the well

26. Plugback vertical depth

27. Top and bottom perforation in this completion or casing shoe and TD if openhole

28. Inside diameter of the well bore

29. Outside diameter of the casing and tubing

30. Depth of casing and tubing. If a casing liner show top and bottom.

31. Number of sacks of cement used per casing string

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

32. MO/DA/YR that new oil was first produced

33. MO/DA/YR that gas was first produced into a pipeline

34. MO/DA/YR that the following test was completed

35. Length in hours of the test

36. Flowing tubing pressure - oil wells
    Shut-in tubing pressure - gas wells

37. Flowing casing pressure - oil wells
    Shut-in casing pressure - gas wells

38. Diameter of the choke used in the test

39. Barrels of oil produced during the test

40. Barrels of water produced during the test

41. MCF of gas produced during the test

42. Gas well calculated absolute open flow in MCF/D

43. The method used to test the well:
    - F Flowing
    - P Pumping
    - S Swabbing

    If other method please write it in.

44. The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report

45. The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person