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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 Department

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

RECEIVED

APR 23 1991

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

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator W. A. Moncrief, Jr. ✓	Well APN No. 30-015-23120
Address 119 N. Colorado, Suite 400 Metro Bldg., Midland, TX 79701	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Marathon State "Com"	Well No. 1	Pool Name, including Formation Strawn	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No. L4762
Location Unit Letter J : 1980 Feet From The South Line and 1680 Feet From The East Line Section 11 Township 24S Range 24E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil JM Petroleum, Inc.	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 2500 Allianz Financial Centre, 2323 Bryan, LB #185, Dallas, TX 75201
Name of Authorized Transporter of Casinghead Gas Natural Gas Clearing House	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 13430 NW Freeway, Suite 1200 Houston, TX 77040
If well produces oil or liquids, give location of tanks.	Unit J Sec. 11 Twp. 24S Rge. 24E	Is gas actually connected? gas When? 4-24-80 Workover 9-19-90

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 X	New Well	Workover	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded MI Wrkover Unit 9-4-90	Date Compl. Ready to Prod. 9-19-90	Total Depth 10,630	P.B.T.D. 10,200 CIBP					
Elevations (DF, RKB, RT, GR, etc.) 4156.4 gd, 4170 KB	Name of Producing Formation Strawn	Top Oil/Gas Pay 9366'	Tubing Depth 9190'					
Perforations 9366-9386, 9402-9410, 9418-9432			Depth Casing Shoe 10,630					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	414	385 sx class "C"					
11 1/2"	8 5/8"	2,750	800 sx Lite + 200 sx C1 "C"					
7 7/8"	4 1/2"	10,630	400 sx class "H"					
	2 3/8"	9,190						

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.) Post F.O.-2 5-3-91	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size comp str.
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 526 MCFG	Length of Test 24 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 2550#	Casing Pressure (Shut-in) Packer	Choke Size 18/64"

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.

Signature
Dewey E. Thornton
Printed Name
Dewey E. Thornton
Date
4-22-91
Expl. Mgr.
Title
915/682-1762
Telephone No.

OIL CONSERVATION DIVISION

APR 25 1991

Date Approved

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.