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DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Depa

RECEIVED ent

Form C-104 Revised 1-1-89 e Instruc

OIL CONSERVATION DIVISION

P.O. Box 2088

JAN 24 '91

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATIONO. C. D.
TO TRANSPORT OIL AND NATURAL GAS ARTESIA, OFFICE Well API No. Operator 30-015-25255 Marathon Oil Company Address Box 552, Midland, Texas 79702 P. O. Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: New Well Dry Gas Recompletion Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease No. Well No. Pool Name, Including Formation Kind of Lease Lease Name State, Federal or Fee Carlsbad, Wolfcamp East Gas 1 Delta Fee 'B' Location East Feet From The North Line and _ 1980 990 Feet From The _ Unit Letter _B County Eddy NMPM, 14 Township 22S Range 27E III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil XBox 1992, Lovington, New Mexico 88260 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas 🔯 7120 I-40 West, Amarillo. 79102 Texas Cabot Corporation When? Is gas actually connected? Unit Rge. Sec. Twp. If well produces oil or liquids, give location of tanks. Yes 7/7/86 27 14 22 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back | Same Res'v Diff Res'v New Well Workover Deepen Gas Well Oil Well Designate Type of Completion - (X) Total Denth PRTD. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE **DEPTH SET** HOLE SIZE 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.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas- MCF Water - Bbis. Oil - Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Rhis Condensate/MMCF Length of Test Actual Prod. Test - MCF/D Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above JAN 3 1 1991 is true and complete to the best of my knowledge and belief. Date Approved _ A BAGWERL <u>0-46/44</u> By _ Signature Bagwell, Engineering Technician Carl

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name 1/22/91

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

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

Tille (915) 682-1626

Telephone No.

- 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.