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

DISTRICT II P.O. Drawer DD, Astesia, NM 88210 State of New Mexico
Energy, Minerals and Natural Resources Dej nent

RECEIVED

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JAN 16 '91

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION O. C. D. TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator Marathon Oil Company 30-015-25484 Address P. O. Box 552, Midland, Texas 79702 Reason(s) for Filing (Check prop Other (Please explain) Change in Transporter of:

Dry Gas New Well Recompletion Oil X Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator TXO Production Corporation, 415 W. Wall, Suite 900, Midland, Texas 79701 II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Leane Lease No. State, Federal or Fee <u>Delta Fee 'C'</u> Carlsbad Wolfcamp East Gas Location 1980 Feet From The West Line and 990 Feet From The North Unit Letter __ Line Section 12 Township 22-S Range 27-E , NMPM, 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) X Koch Oil Company P.O. Box 1558, Breckenridge, Texas 76024 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas 💢 7120 I-40 West, Cabot Corporation Amarillo. Texas 79102 Is gas actually connected? Yes If well produces oil or liquids, Unit Sec. Twp. Rge. When? 1/12/87 give location of tanks. Ç 12 22 27 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Total Depth Date Compi. Ready to Prod. Date Spudded Name of Producing Formation Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) **Tubing Depth** Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD **HOLE SIZE CASING & TUBING SIZE DEPTH SET** SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Length of Test Casing Pressure Tubing Pressure 25 Water - Bbls. Gas- MCF Actual Prod. During Test 51.49 14 Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbis Condensate/MMCI Gravity of Condensate Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size 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 Date Approved JAN 2 5 1901 is true and complete to the best of my knowledge and belief. A. BAWEL ME Signature Carl A. ORIGINAL SIGNED BY Bagwell Engineering Technician MIKE WILLIAMS Printed Name Title Title SUPERVISOR DISTRICT IV 1/8/91 (915)682-1626 Date

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.