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PRODUCTION OFFICE	
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NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

**New Well
Recompletion**

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Casper, Wyoming

April 5, 1963

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Marathon Oil Company

(Company or Operator)

Well No. **3**, in **NW** $\frac{1}{4}$ **NW** $\frac{1}{4}$,

(Lease)

D, Sec. **34**, T. **26N**, R. **5W**, NMPM, **Undesignated - Chacra** Pool

Unit Letter

Rio Arriba

County. Date Spudded **3/10-63**

Date Drilling Completed **3/19-63**

Please indicate location:

Elevation **6551 Ground** Total Depth **3904** PBD

Top Oil/Gas Pay **3795** Name of Prod. Form. **Chacra**

PRODUCING INTERVAL -

Perforations **3800-22 - 2 Frac jets & 2 No-Plug jets per ft.**

Open Hole _____ Depth _____ Casing Shoe **3904-Liner** Depth _____ Tubing **3805.67**

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: **890** MCF/Day; Hours flowed **3**

Choke Size **3/4** Method of Testing: **One point back pressure**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **20,000# 20-40 Sand; 10,000# 20-10 Sand; 20,000 Gals. water**

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter **El Paso Natural Gas Company**

(FOOTAGE)
Tubing, Casing and Cementing Record

Size Feet Sax

Liner		
4 1/2	1045.58	175
2-3/8	4.17	
1 1/2	3806.85	

Remarks: **Old hole drilled deeper.**

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: _____, 19____

Marathon Oil Company

(Company or Operator)

OIL CONSERVATION COMMISSION

(Original Signed Emery C. Arneson)

By: _____

Title _____

By: *H. B. Hunt*

(Signature)

Title **Division Superintendent of Operations**

Send Communications regarding well to:

Name _____

Address _____

