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É.S. 11.207.	 ماران	1	-
SANTA FE		1.	
FILE		7	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	7	
	GAS	1	
OPERATOR		2	
DEODATION CESICE			

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TR	AND ANSPORT OIL AND NATURAL			
	LAND OFFICE	- AUTHORIZATION TO TRA	AND OR FOR AND NATURAL	- GAS		
	TRANSPORTER GAS /	_				
	OPERATOR 2					
₩.	PRORATION OFFICE Operator					
	Marathon Oil Company					
	P. O. Box #39, Sidney, Nebraska 69162					
	Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well Change in Transporter of: Previous condensate transporter:					
	Recompletion Change in Ownership	Recompletion Oil Ory Gas Rock Island Oil and Refining Co., Inc. Change in Ownership Casinghead Gas Condensate X 321 West Douglas, Wichita, Kansas				
		Oddinghodd Odd [Conden	wage [V] 251 Mest Dougls	s, wichita, Ransas		
	If change of ownership give name and address of previous owner					
Ez.	DESCRIPTION OF WELL AND LEASE					
	Lease Name	Well No. Pool Name, Including F		20000		
	Jicarilla Apache	8 Basin Dako	ota State, Fed	erd or Fee Federal		
	Unit Letter P ; 99	O Feet From The South Lir	ne and 990 Feet Fro	m The <u>East</u>		
	0.7					
	Line of Section 2/ Tox	wnship 26N Range	5W , NMPM, Rio	Arriba County		
ire.	DESIGNATION OF TRANSPOR' Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA		proved copy of this form is to be sent)		
	Plateau, Inc.	or Condensate X	P.O. Box 108, Farmingto			
	'Name of Authorized Transporter of Cas		Address (Give address to which app	proved copy of this form is to be sent)		
	El Paso Natural G	Unit Sec. Twp. Rge.	P.O.Box 990, Farmington, New Mexico 87401 Is gas actually connected? When			
	If well produces oil or liquids, give location of tanks.	P 27 26N 5W	Yes	1967		
5 \$ J	If this production is commingled win COMPLETION DATA	th that from any other lease or pool,	give commingling order number:			
	Designate Type of Completic	Oil Well Gas Weli	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
			Total Deptil	F.B.115		
	Elevations (DF, RKE, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Periorations			Depth Casing Shoe		
	TUDING, CASING, AND CEMENTING RECORD					
	HOLESIZE	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 excess top allowable for this depth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	The state of the S			M2Q (11, 12)		
	Actual Prod. During Tost	Oll - Bols.	Water - Bbls.	Gds-MQF		
	DIST C					
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI.	CERTIFICATE OF COMPLIANC	DE	OIL CONSERV	/ATION COMMISSION		
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Original Signed by Emery C. Arnold				
	>		TITLE SUPERVISOR DIST. #5			
	1251		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tosts taken on the well in accordance with RULE 111.			
•	We me Adir OfficeAge	sture)				
	Area Superintendent (Tille)		All sections of this form	nust be filled out completely for allow-		
		March 16, 1970 Fill out only Sections I. II, III, and VI for changes of owner				
	(Da	(Date) well name or number, or transporter, or other such change of condition				

Speciate Forms C-104 must be filed for each pool in multiply