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

State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 Santa Fe, New Mexico 87504-2088
REQUEST FOR ALLOWABLE AND AUTHORIZATION

ſ .	T	O TRAN	SPO	RT OIL	AND NA	TURAL GA					
Operator		Well API No.									
Marathon Oil Company							3	0-039-22433			
Address											
	Midland	, Texas	79	702							
Reason(s) for Filing (Check proper box)				_	Oth	net (Please expla	in)	•			
New Well		Change in Tr	-	er of:							
Recompletion	Oil		ry Gas								
Change in Operator	Casinghead	Gas C	ondensi	ite						 	
If change of operator give name and address of previous operator											
• •	ANID E ELA	OFF									
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including the control of the						ing Ecomotion			L	Lease No.	
				Basin Dakota			Kind (Federal or Feed. Tribal #15			
Location		102	Duc	, <u> </u>						<u> </u>	
Unit Letter C	. 104	.0	eet Fron	Tb	North_	16	85 🖼	et From The	West	Line	
Unit Letter	_ :	re	eet PTOE	n ine	u	e and	ге	et rioni line .			
Section 27 Townshi	p 26N	R	ange	5 W	, N	МРМ,	Rio A	rriba		County	
								·			
III. DESIGNATION OF TRAN				NATU	RAL GAS					·	
Name of Authorized Transporter of Oil		or Condensat	• [X	Address (Gi	ve address to wh	ich approved	copy of this f	orm is to be se	ent)	
The Permian Corporation					P. O. Box 1702. Farmington, N. M. 87401						
Name of Authorized Transporter of Casinghead Gas or Dry Gas X					Address (Give address to which approved copy of this form is to be sent)						
Marathon Oil Company						Box 552		nd, Texas 79702			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.			-	ly connected?	When					
			6N	<u>5W</u>	Yes			1982	2		
If this production is commingled with that	from any othe	er lease or poo	ol, give	comming	ing order nur	nber:					
IV. COMPLETION DATA		100 00 0	7-		1	1 777 4		Div Doole	Come Bee's	Diet Barin	
Designate Type of Completion	- (X)	Oil Well	Ga	s Well	New Well	Workover	Deepen	Piug Back	Same Res'v	Diff Res'v	
Date Spudded		l. Ready to Pr	nd.		Total Depth		L	P.B.T.D.	<u> </u>	1	
Date Species	Date Comp	i. Romay to 11						1.5.1.5.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Form	12LION		Top Oil/Gas	Pay		Tubing Dep	th		
(2, , , , , ,											
Perforations								Depth Casing Shoe			
TUBING, CASING AND					CEMENT	ING RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			:	SACKS CEMENT		
								<u> </u>			
	ļ					· · · · · · · · · · · · · · · · · · ·					
	TE FOR A	T T OTTLA T			<u> </u>						
V. TEST DATA AND REQUES									for full 24 hou		
OIL WELL (Test must be after r	·		load ou	l and must		r exceed top allo lethod (Flow, pu			jor juli 24 noi	43.)	
Date First New Oil Run To Tank	Date of Tes	t			Producing iv	ieukki (Flow, pu	mp, gas igi, i	:IC. <i>)</i>			
Total of Total	Tubina Pana				Casing Press	810°		Toncke Size	1 3 W	EM	
Length of Test	Tubing Pressure				Casing 1 less	Casing Pressure Water - Bbis.				'S	
Actual Prod. During Test	Oil Phie	Oil - Bbls.									
Actual Frod. During Test	Oli - Bols.								21 1990	}	
	1				<u> </u>			1116 8 3			
GAS WELL							· · · · · ·	CIVIV OF	ON. C	W.	
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			SIZVITY OF CONCENSAGE			
	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		<u> </u>	
Testing Method (pitot, back pr.)	Lucing Pres	penie (Sum-N	ı,		Casing Fresh	oric (Mint-III)	4.	C. (/AD 0120			
		703 77	T 4 7 7		1		·				
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 is true and complete to the best of my knowledge and belief.					MAR 21 1990						
Date and sompton to all oom of my	B• •				Date	e Approve	a				
1-1 - 8011							-		~/ ·	,	
Signature Signature					∥ By_		ئىدە	<u> ۲۸ ج</u>	Thomp		
· ·	oduction	. Superi	inter	ndent			SUPF	RVISOR	DISTRIC	T 42	
Printed Name		T	itle		Title	3			J.J. nic	· 73	
03 -13-90	(915)	682-162	26		11	· •••					

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

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

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.