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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65



Operator <b>Marathon Oil Company</b>	
Address <b>P.O. Box 2659, Casper, WY 82602</b>	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE (THIS WELL IS DUAL COMPLETED)				
Lease Name <b>Jicarilla Apache</b>	Well No. <b>16E</b>	Pool Name, including Formation <b>Basin Dakota</b>	Kind of Lease <b>Tract 251</b>	Lease No. <b>000154</b>
Location				
Unit Letter <b>A</b>	<b>825</b>	Feet From The <b>North</b>	Line and <b>955</b>	Feet From The <b>East</b>
Line of Section <b>34</b>	Township <b>26N</b>	Range <b>5W</b>	<b>NMPM, Rio Arriba County</b>	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<b>Plateau, Inc.</b>	<b>Petroleum Center</b>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<b>Northwest Pipeline Corp.</b>	<b>P.O. Box 90, Farmington, NM 87401</b>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
		<b>None</b>		
Is gas actually connected?	When			
<b>No</b>	<b>Discretion of Gas Purchaser</b>			

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded <b>10-9-80</b>	Date Compl. Ready to Prod. <b>3-16-82</b>
Elevations (DF, RKB, RT, GR, etc.) <b>6,650 GL, 6,662' KB</b>	Name of Producing Formation <b>Dakota</b>
Perforations <b>Graneros-Dakota 7200 7430'</b>	Total Depth <b>7,525'</b>
	Top Oil/Gas Pay <b>7,200'</b>
	Tubing Depth <b>7,150'</b>
	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>13-3/4"</b>	<b>9-5/8"</b>	<b>491.17'</b>	<b>450</b>
<b>8-3/4"</b>	<b>7"</b>	<b>5,599.83'</b>	<b>600</b>
<b>6-1/4"</b>	<b>4-1/2"</b>	<b>7,523.40'</b>	<b>250</b>
	<b>2-3/8"</b>	<b>7,228.29'</b>	

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)

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL			
Actual Prod. Test-MCF/D <b>1,200</b>	Length of Test <b>24 Hours</b>	Bbls. Condensate/MMCF <b>.0117</b>	Gravity of Condensate <b>54.0</b>
Testing Method (pitot, back pr.) <b>Orifice</b>	Tubing Pressure (shut-in) <b>1,375 psi</b>	Casing Pressure (shut-in) <b>1,180 psi</b>	Choke Size <b>18/64"</b>

CERTIFICATE OF COMPLIANCE	
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.	
<b>Dale Caddy</b> (Signature)	
District Operations Manager (Title)	
<b>March 29, 1982</b> (Date)	

OIL CONSERVATION COMMISSION	
<b>9-17-82 SEP 17 1982</b>	
APPROVED _____, 19____	
BY <b>Original Signed by FRANK T. CHAVEZ</b>	
TITLE <b>SUPERVISOR DISTRICT # 3</b>	
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 deviat tests taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely for able on new and recompleted wells.	
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of cor	