

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

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FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator  
Marathon Oil Company  
Address  
P.O. Box 2659, Casper, WY 82602

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE (THIS WELL WAS DUAL COMPLETED)

Lease Name Jicarilla Apache	Well No. 16E	Pool Name, including Formation Basin Dakota <i>Blanca Mt</i>	Kind of Lease Tract 251	Lease No. 000154
Location Unit Letter <u>A</u> <u>825</u> Feet From The <u>North</u> Line and <u>955</u> Feet From The <u>East</u> Line of Section <u>34</u> Township <u>26N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County			State, Federal or Fee Contract	

I. 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)
Plateau, Inc.	Petroleum Center 501 Airport Drive, Ste. 114, Farmington, NM 87401
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)
Northwest Pipeline Corp.	P.O. Box 90, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. NONE
Is gas actually connected?	When No Discretion of Gas Purchaser

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

7. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X	X					
Date Spudded 10-9-80	Date Compl. Ready to Prod. 3-16-82	Total Depth 7,525'	P.B.T.D. 7,463'					
Elevations (DF, RKB, RT, GR, etc.) 6,650' GL, 6,662' KB	Name of Producing Formation Point Lookout	Top Oil/Gas Pay 5,148'	Tubing Depth 7,150'					
Perforations Point Lookout 5148'-5278'	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-3/4"	9-5/8"	491.17'	450
8-3/4"	7"	5,599.83'	600
6-1/4"	4-1/2"	5413-7,523.40'	250
	<del>2-3/8"</del>	<del>7,228.29'</del>	

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 370	Length of Test 24 Hours	Bbls. Condensate/MMCF 0	Gravity of Condensate --
Testing Method (pilot, back pr.) Orifice	Tubing Pressure (Shut-in) 1,375 psig	Casing Pressure (Shut-in) 1,180 psig	Choke Size 14/64"

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.

*Dale Caddy*  
(Signature)

District Operations Manager  
(Title)

March 29, 1982  
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 17 1982, 19

Original Signed by FRANK T. CHAVEZ

BY SUPERVISOR DISTRICT #3

TITLE

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 tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.