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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30-039-22434 Marathon Oil Company Address Midland, Texas 79702 O. Box 552, Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: New Well X Dry Gas Recompletion Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease No. Well No. Pool Name, Including Formation State, Federal or Fee Tribal #154 Blanco Mesaverde 16E Jicarilla Apache Location Feet From The North Line and 955 <u>East</u> __ Feet From The _ 825 Α Unit Letter __ Rio Arriba County 5W , NMPM, 26N Range 34 Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate \square Farmington, N. M. 87401 P. O. Box 1702. Permian Corporation Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas X Midland, Texas 79702 P. O. Box 552, Marathon Oil Company is gas actually connected? When? Unit Sec. Twp. Rge. If well produces oil or liquids, give location of tanks. 1982 Yes 34 26N 5W Α If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Deepen Plug Back Same Res'v Diff Res'v New Well Workover Oil Well Gas Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Casing Pressure Length of Test **Tubing Pressure** Gas-MAR 2 1 1990 Water - Bbis. Actual Prod. During Test Oil - Bbls. OIL CON. DIV. **GAS WELL** Gravity of A tapean Bbls. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation MAR 21 1990 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved _ Bill) ma By_ Signature M. A. Zoller SUPERVISOR DISTRICT #3 Production Superintendent Title Printed Name Title_ (915) 682-1626 03-13-90

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

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.

Section: If III and VI for changes or operator, well name or number, transporter, or other such changes Fill our moto