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U.S.G.S.	
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 Marathon Oil Company	
Address P.O. Box 2659 Casper, WY 82602	
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

II. DESCRIPTION OF WELL AND LEASE (This well is dual completed)

Lease Name Jicarilla Apache	Well No. 13E	Pool Name, including Formation Basin Dakota	Kind of Lease Tract 251	Lease No. 000154
State, Federal or Fee Contract				
Location				
Unit Letter E	1,850	Feet From The North	Line and 930	Feet From The West
Line of Section 33	Township 26N	Range 5W	NMPM, Rio Arriba	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Plateau Inc.	P.O. Box 108 Farmington, NM 87401		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input 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 None	Sec. Twp. Rge. Is gas actually connected? No	When Discretion of Gas Purchaser

If this production is commingled with that from any other lease or pool, give commingling order number: None

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 10-29-80	Date Compl. Ready to Prod. 7-13-81	Total Depth 7,473'		P.B.T.D. 7,310'					
Elevations (DF, RKB, RT, GR, etc.) 6,598' GL, 6,610' KB	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 7,107'-7,295'		Tubing Depth 7,091'					
Perforations Basin Dakota 7,107'-7,295'		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/4"		9-5/8"		526'		400			
8-3/4"		7"		7,473'		999			
		2-3/8"		7,091'					

V. 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)

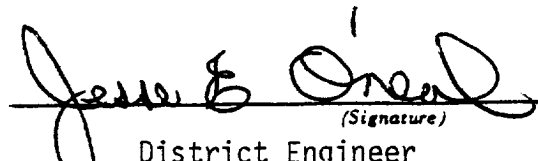
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 460	Length of Test 24 hours	Bbls. Condensate/MMCF .0196	Gravity of Condensate 54.0
Testing Method (pitot, back pr.) Orifice	Tubing Pressure (shut-in) 1,500 psig	Casing Pressure (shut-in) 1,100 psig	Choke Size 16/64

VI. 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.


(Signature)
District Engineer
(Title)
July 22, 1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 13 1981
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 3

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