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, Antesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

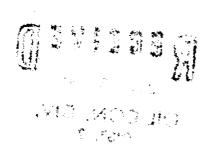
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	7	O TRA	NSP	ORT OIL	AND NATUR	RAL GA					
Operator .		Well API No.									
Marathon Oil Compar	ny .				·		30	-039-22	446		
Address P. O. Box 552 Midland, Tx. 79702											
Reason(s) for Filing (Check proper box)	ilalana,	, 1x.	797	02	Other (PI	ease explai	-1				
New Well		Change in	Transpo	ater of:	U Other (Fit	ease expen	ini)			ļ	
Recompletion	Oil										
Change in Operator Casinghead Gas Condensate X											
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL AND LEASE											
Lasse Name	Well No. Pool Name, Including				Econolis Vind			of Lease No.			
Jicarilla Apache	13E Basin Dak							Nata Endard or Esa		Tribal #154	
Location											
Unit Letter E: 1850 Feet From The North Line and 930 Feet From The West Line											
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 or Condensate Address (Give address to which approved copy of this form is to be sent)											
Gary-Williams Energ	P. O. Box 159 Bloomfield, N.M. 87413										
Name of Authorized Transporter of Casing			or Dry	Gas XX			copy of this form is to be sent)				
Marathon Oil Compar							nd, Tx. 79702				
If well produces oil or liquida, give location of tanks.	Undit E	Sec. 33	Twp. 261	Rge. NI 5W	Yes	nected?	When	, 198	ว		
If this production is commingled with that f						100	291		4		
IV. COMPLETION DATA		•				حسلسلام	<u>~</u>	, 			
Designate Time of Completion	~	Oil Well		Gas Well	New Well Wo	rkover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		1	<u>.</u>		Total Depth				L		
Date Compl. Ready to Prod.					Total Depth P.B.T.D.						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
	_										
Perforations		-		Depth Casin	ng Shoe						
TUBING, CASING AND CEMENTING RECORD											
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
TIOCE SIZE	CAGITG & TOBITG SIZE										
V TECT DATA AND DECLUS	T FOR	1100	DIE			• •	<u>-</u>	L			
V. TEST DATA AND REQUES OIL WELL (Test must be after re					he equal to or exce	ed top allo	wable for this	depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes		9 1000	04 4/45 //451	Producing Method						
						2.4					
Length of Test	Tubing Pressure			Casing Pressure			Choke Size	Choke Size			
					A 2 A	E-1-V	FIN	Gas- MCF	,		
Actual Prod. During Test	mual Prod. During Test Oil - Bbls.				ID) E.A		' - [[]	Car Mc			
G. G. Pirot.	L				<u> </u>	5 199	10	<u> </u>			
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/		,	Gravity of	Condensate	·	
Actual Floir Test - MICF/D	Lengar G	I CAL		• •	OIL C	N.	DIV.	1 -	it of our		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				ST. 3		Choke Size				
								<u></u>			
VI. OPERATOR CERTIFIC		CON	ICEDV	ATION	DIVISIO	7 81					
I hereby certify that the rules and regulations of the Oil Conservation					Oil	. CON	IOEN V	ATION	אופועוטו	אוכ	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Data Approved JUL 9 1990						
The same condition to the case of the machines of the called					Date Approved						
mafall					D.,	3.11					
Signature					By Shand						
Mark A. Zoller Production Superintendent Printed Name Title					Title	;	SUPERV	SOR DIS	STRICT #	3	
6-26-90	(915) 682-1626										
Date	Date Telephone No.										

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.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.



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