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DISTRIGUTION		
SANTA JE		
FILE		
U.S.G.S.		
LAND OFFICE		
OIL		
GAS		
OPERATOR		
PRORATION OFFICE		
	OIL GAS	OIL GAS

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

U.S.G.S.	AUTHORIZATION TO TR	AND	2.1001.70 [-1-05		
LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATUR	RAL GAS		
TRANSPORTER OIL					
GAS					
OPERATOR					
I. PRORATION OFFICE					
Operator			ACCESS 128		
Marathon Oil Com	pany				
Address					
P.O. Box 2659, C	asper, WY 82602				
Reason(s) for filing (Check proper	oox)	Other (Please explain			
New Well	Change in Transporter of:	Ì			
Recompletion	OII Dry G	as			
Change in Ownership	Casinghead Gas Conde	ensate	and the second second of		
15	•	······································			
If change of ownership give name and address of previous owner	•		The second secon		
•			The stage of the s		
I. DESCRIPTION OF WELL AN	D LEASE This well is du	al completed			
Lease Name	i !		Lease Tract 251 Lease No.		
<u> Jicarilla Apache</u>	8E Point Looko u	t Blance MV State, F	Federal or Fee Contract 000154		
Location					
Unit Letter K :	1,685Feet From The South Li	ne and 1,685	From The West		
		reet	From the		
Line of Section 27	Township 26N Range	5W , NMPM, Ri	o Arriba County		
			County		
I. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	AS			
Name of Authorized Transporter of	Oil or Condensate X		approved copy of this form is to be seed)		
Plateau Inc.		P.O. Box 108 Farm			
Name of Authorized Transporter of	Casinghead Gas or Dry Gas 💢	Address (Give address to which	approved copy of this form is to be sen		
Northwest Pipeli	ne Corporation	:	nington, NM 87401		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When		
give location of tanks.		No			
If this production is commingled	with that from any other lands and				
COMPLETION DATA	with that from any other lease or pool,	give commingling order number	:		
	Oil Well Gas Well	New Well Workover Deepe	en Plug Back Same Res'v. Diff. Res'v.		
Designate Type of Comple	χ	X			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
8-23-81	1-13-82	7,586'	7,532'		
Elevations (DF, RKB, RT, GR, etc.		Top Oil/Gas Pay			
6,660' GL, 6,673		5,250'-5,312'	Tubing Depth 7,249		
Perforations	RP FOTTIC LOOKOUC	3,230 -3,312			
. onordions			Depth Casing Shoe		
	TIPING ALCING IN				
HO! E 617E		D CEMENTING RECORD			
13-3/4"	9-5/8"	DEPTH SET	SACKS CEMENT		
7-7/8"	9-5/8 4-1/2"	_	285		
7-7/6	2-3/8"	7,585'	1,509		
	2-3/8	7,249'			
TEST DATA AND REQUEST		fter recovery of total volume of loa	d oil and must be equal to or exceed top allow-		
OIL WELL Date First New Oil Run To Tanks	Date of Test	epth or be for full 24 hours)			
Date First New Off Aun 16 1 daks	Date of lest	Producing Method (Flow, pump,	gas lift, etc.)		
I amakh ad Thank					
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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
180	24 hour	.0278	.630		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
Orifice		1,037 psig	24/64"		
. CERTIFICATE OF COMPLIA	NCE	OIL CONSE	RVATION COMMISSION		
		il .			
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED JAN A	29 1982		
Commission have been complied	with and that the information given	Prining Signed by FRANK T CHAVET			
above is true and complete to t	he best of my knowledge and belief.	BY			
		TITLE SUPERVISOR DISTRICT # 3 This form is to be filed in compliance with RULE 1104.			
	•				
212	11.				
If this is a request for allowable for a newly drilled or		allowable for a newly drilled or decorned			
(Signarufe) well, this form must be accompanied by a tabulation of the		ompanied by a tabulation of the deviation			
District Operations Manager (Title) January 14, 1982 (Date) tests taken on the well in accordance with RULE 111. All sections of this form must be filled out complete able on new and recompleted wells. Fill out only Sections I. II. III, and VI for change well name or number, or transporter, or other such change					
		well name or number, or transporter or other such change of cost ion.			
			Separate Forms C-104 must be filed for each pool in nactiply		
		completed wells.			