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 Instruction

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator										
Marathon Oil Compa	ınv				IL AND NA		Well	API No.	2500	
ddress						30-039-22589				
Reason(s) for Filing (Check proper box		Texas	79702	2 . <del></del>						
New Well	,	<b>Channer</b> :	<b>-</b> T	_	Ou	er (Please exp	lain)			
Recompletion	Oil	Change II	n Transport	eror: XX						
Change in Operator	Casinghe	and Gan	Dry Gas Condens							
f change of operator give name nd address of previous operator	Caligir	20 025	Condens	ite		<del></del>			·	
L DESCRIPTION OF WELL	I. AND I F					<u> </u>				
Lease Name	D ALVO LL	Well No.	Pool Nam	ne Inche	ling Formation		12:-4			
Jicarilla Apache		9E			akota			of Lease Federal or F	e End Tr	Lease No. :ibal #15
ocation							1		· reu. II	TOAL #13
Unit LetterO	:104	10	_ Feet From	The $\frac{S_0}{2}$	outh Lin	and168	<u>5                                    </u>	et From The	East	Line
Section 28 Towns	hip 26N		Range	5 <b>W</b>	, N	мРМ,	Rio Ar	riba	· · · · · · · · · · · · · · · · · · ·	County
I. DESIGNATION OF TRA	NSPORTE	ER OF O	IL AND	NATU	RAL GAS					
anse or Authorized Transporter of Off		or Conden	a cota	X	Address (Giv	e address to wi		copy of this	form is to be s	eni)
The Permian Corporal  Iame of Authorized Transporter of Casi	ation					Box 1702		nington,	N. M.	87401
Gas Company of New			or Dry Ga	<b>5</b> XX	Address (Giv	address to wi	hich approved	copy of this ;	form is to be s	ent)
well produces oil or liquids,	Mexico		Twp.			Box 189		omfield	, N. M.	87413
ve location of tanks.	1 0	28	26N	Rge. 5W	, ,		When		_	
this production is commingled with that		ter lease or i	DOOL give o	Ommine	Ye	<u> </u>		198	3	
. COMPLETION DATA					and older name	<del></del>	··	<del></del>		<del></del>
Designate Type of Completion	ı - (X)	Oil Well	Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
nte Spudded		pl. Ready to	Prod.		Total Depth			P.B.T.D.	<u></u>	
evations (DF, RKB, RT, GR, etc.)	Name of Pr	Name of Producing Formation			Top Oil/Gas Pay					
					150 512 523 129			Tubing Depth		
rforations					·			Depth Casin	g Shoe	
	т	TIRING (	CASING	AND	CEMENTER	C RECORD				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				CEMENTING RECORD			010/0 05/		
			J O O.Z.	-		DEPTH SET			SACKS CEMI	ENT
	•					<del></del>				
								<del></del>		
TECT DATA AND DECLE										
LWELL (Test must be after r	ecovery of tot	tal volume oj							or full 24 hou	·s.)
LWELL (Test must be after r		tal volume oj			be equal to or e Producing Met				or full 24 hou	·s.)
L WELL (Test must be after r te First New Oil Run To Tank	Date of Tes	tal volume oj t			Producing Met	hod (Flow, pun		2.)	or full 24 hour	·s.)
L WELL (Test must be after r te First New Oil Run To Tank	ecovery of tot	tal volume oj t				hod (Flow, pun			or full 24 hou	<b>5.)</b>
L WELL (Test must be after refer ref	Date of Tes	tal volume oj t			Producing Met	hod (Flow, pun		2.)	or full 24 hour	<b>5.)</b>
L WELL (Test must be after rete First New Oil Run To Tank	Date of Test Tubing Pres	tal volume oj t			Producing Met Casing Pressur	hod (Flow, pun		choke Size		
L WELL (Test must be after refer refer refer refer new Oil Run To Tank  Ingth of Test  ual Prod. During Test  AS WELL	Date of Test Tubing Pres	tal volume oj t			Producing Met Casing Pressur	hod (Flow, pun		Choke Size		5.)
L WELL (Test must be after refer refer refer refer new Oil Run To Tank  Igth of Test  ual Prod. During Test  AS WELL	Date of Test Tubing Pres	al volume oj i sure			Producing Met Casing Pressur	hod (Flow, pun		Choke Size	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	s.)
L WELL (Test must be after refer in the First New Oil Run To Tank  Ingth of Test	Date of Test  Tubing Pres  Oil - Bbls.	tal volume of	f load oil a		Producing Met Casing Pressur Water - Bbis.	hod (Flow, pun		Choke Size	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	S.)
L WELL (Test must be after referred to First New Oil Run To Tank  gth of Test  ual Prod. During Test  AS WELL  ual Prod. Test - MCF/D	Date of Test Tubing Pres Oil - Bbls.	tal volume of	f load oil a		Producing Met Casing Pressur Water - Bbis.	te/MMCF		Choke Size	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	s.)
L WELL (Test must be after refer in the First New Oil Run To Tank  Ingth of Test	Date of Test  Tubing Pres  Oil - Bbls.  Length of Test	issure  est  sure (Shut-in	f load oil a		Producing Met Casing Pressur Water - Bbis. Bbls. Condensa	te/MMCF		Choke Size  Gas- MCP  Gravity of Co	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	s.)
L WELL (Test must be after refer in the First New Oil Run To Tank  agth of Test  ual Prod. During Test  AS WELL  ual Prod. Test - MCF/D  ing Method (pitot, back pr.)  OPERATOR CERTIFIC	Date of Test  Tubing Pres  Oil - Bbls.  Length of To  Tubing Press  ATE OF	issure  est  COMPL	n)		Producing Met Casing Pressur Water - Bbis. Bbis. Condensa Casing Pressure	te/MMCF	rp, gas lift, et	Choke Size  Gas- MCP  Gravity of Co	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
L WELL (Test must be after refer to the First New Oil Run To Tank  agth of Test  and Prod. During Test  AS WELL  and Prod. Test - MCF/D  ing Method (pitot, back pr.)  OPERATOR CERTIFIC, hereby certify that the rules and regular Division have been complied with and the regular complied with and the recomplied with a recomplied with and the recomplied with a recomplied wi	Tubing President of Total President of the Control	sure (Shut-in	n)		Producing Met Casing Pressur Water - Bbis. Bbis. Condensa Casing Pressure	te/MMCF	rp, gas lift, et	Choke Size  Gas- MCP  Gravity of Co	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
L WELL (Test must be after refer to the First New Oil Run To Tank  agth of Test  and Prod. During Test  AS WELL  and Prod. Test - MCF/D  ing Method (pitot, back pr.)  OPERATOR CERTIFIC, hereby certify that the rules and regular Division have been complied with and the regular complied with and the recomplied with a recomplied with and the recomplied with a recomplied wi	Tubing President of Total President of the Control	sure (Shut-in	n)		Producing Met Casing Pressur Water - Bbis. Bbis. Condensa Casing Pressure	te/MMCF	SERVA	Choke Size  Gas- MCP  Gravity of Co	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
L WELL (Test must be after rete First New Oil Run To Tank  ingth of Test  must Prod. During Test  AS WELL  must Prod. Test - MCF/D  ing Method (pitot, back pr.)  OPERATOR CERTIFIC  thereby certify that the rules and regular  Division have been complied with and the second present the second presen	Tubing President of Total President of the Control	sure (Shut-in	n)		Producing Met Casing Pressur Water - Bbis. Bbis. Condensa Casing Pressure	te/MMCF	SERVA	Choke Size  Gas- MCF  Gravity of Co  Choke Size	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
L WELL (Test must be after rete First New Oil Run To Tank  Ingth of Test  Itual Prod. During Test  AS WELL  Itual Prod. Test - MCF/D  Iting Method (pitot, back pr.)  OPERATOR CERTIFIC  I hereby certify that the rules and regular  Division have been complied with and the inguise of my k  Sum C. Lachen	Date of Test  Tubing Pres  Oil - Bbls.  Length of To  Tubing Press  ATE OF (  attions of the Country of the Cou	sure (Shut-in	n)		Producing Met Casing Pressur Water - Bbis. Bbis. Condensa Casing Pressure  O Date /	te/MMCF	SERVA	Choke Size  Gas-MCF  Gravity of Co  Choke Size  TION [	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
L WELL (Test must be after rate First New Oil Run To Tank  Ingth of Test  Itual Prod. During Test  AS WELL  Itual Prod. Test - MCF/D  Iting Method (pitot, back pr.)  COPERATOR CERTIFIC  I hereby certify that the rules and regular  Division have been complied with and to its true and complete to the best of my k  Signature	Tubing President of Tollars of Tollars of Tollars of Tollars of the Control of Tollars of the Control of the Co	sure (Shut-in COMPL) Dil Conserval nation given i belief.	n)  LIANCE		Producing Met Casing Pressur Water - Bbis. Bbis. Condensa Casing Pressure	te/MMCF	SERVA	Choke Size  Gas-MCF  Gravity of Co  Choke Size  TION [	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
TEST DATA AND REQUES  L WELL (Test must be after r  the First New Oil Run To Tank  Ingth of Test  tual Prod. During Test  AS WELL  tual Prod. Test - MCF/D  ting Method (pitot, back pr.)  C OPERATOR CERTIFIC  I hereby certify that the rules and regula  Division have been complied with and to  is true and complete to the best of my k  Signature  Mark A. Zoller  Printed Name	Tubing President of Tollars of Tollars of Tollars of Tollars of the Control of Tollars of the Control of the Co	est  COMPL Dil Conservai nation given i belief.	n)  LIANCE  stion above		Producing Met Casing Pressur Water - Bbis.  Bbis. Condensa Casing Pressur  O Date / By	te/MMCF	SERVA	Choke Size  Gas-MCF  Gravity of Co Choke Size  TION [	ondensate  DIVISIO 1989	N
L WELL (Test must be after rete First New Oil Run To Tank  Ingth of Test  Itual Prod. During Test  AS WELL  Itual Prod. Test - MCF/D  Iting Method (pitot, back pr.)  OPERATOR CERTIFIC  I hereby certify that the rules and regular  Division have been complied with and to is true and complete to the best of my k  Signature  Mark A. Zoller	Tubing President of Tollars of Tollars of Tollars of Tollars of the Control of Tollars of the Control of the Co	est  COMPL Dil Conservai nation given i belief.	n)  LIANCE stion above		Producing Met Casing Pressur Water - Bbis. Bbis. Condensa Casing Pressure  O Date /	te/MMCF	SERVA	Choke Size  Gas-MCF  Gravity of Co Choke Size  TION [	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	N

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.