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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

I. Operator **William C. Russell**
Address **1775 Broadway, New York, New York 10019**
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner **Great Lakes Oil & Chemical Company**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Marron	Well No. 46	Pool Name, Including Formation Chacra	Kind of Lease State, Federal or Fee Fed.	Lease No. 03605
Location Unit Letter M ; 1650 Feet From The S Line and 1650 Feet From The W Line of Section 23 Township 27 N Range 8 W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Inland Corp.	Address (Give address to which approved copy of this form is to be sent) Farmington, New Mexico			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Farmington, New Mexico			
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 23	Twp. 27N	Rge. 8W
	Is gas actually connected?		When	
	No			

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X		X				X
Date Spudded 1951	Date Compl. Ready to Prod. 11-20-67		Total Depth 4630		P.B.T.D. 3228			
Elevations (DF, RKB, RT, GR, etc.) RKB 5945	Name of Producing Formation Chacra		Top Oil/Gas Pay 3086		Tubing Depth 4420			
Perforations 3086-96 and 3220-28					Depth Casing Shoe 4630			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
6-1/4	4-1/2 2-3/8		4630 4420		150			

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 1,250	Length of Test 3 hrs.	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pitot, back pr.) pitot	Tubing Pressure (shut-in) dual completion	Casing Pressure (shut-in) 860	Choke Size 2"

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.

William C. Russell
(Signature) **Operator**
11-20-67
(Title)

(Date)

OIL CONSERVATION COMMISSION

FEB 16 1968

APPROVED

BY **Original Signed by Emery C. Arnold**

SUPERVISOR DIST. #8

TITLE

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 completed wells.