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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

I.

Operator Austral Oil Company Incorporated	
Address 2700 Humble Building, Houston, Texas 77002	
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) To replace old forms previously filed.	

If change of ownership give name -----
and address of previous owner -----

II. DESCRIPTION OF WELL AND LEASE

Lease Name Marshall	Well No. 2	Pool Name, including Formation Basin-Dakota	Kind of Lease State, Federal or Fee Federal
Location			
Unit Letter F	1450	Feet From The West	Line and 1450 Feet From The North
Line of Section 15	Township 27-N	Range 9-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"/>	Address (Give address to which approved copy of this form is to be sent.) 1205 Camino, Farmington, New Mexico 5722		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent.) P. O. Box 1492, El Paso, Texas		
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 15	Twp. 27-N
		Rge. 9-W	Is gas actually connected? Yes
			When 6-11-65

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'v. Diff. Res'v.
		XX	XX				
Date Spudded 11-19-64	Date Compl. Ready to Prod. 12-2-64	Total Depth 6815'	P.B.T.D. 6762'				
Pool Basin-Dakota	Name of Producing Formation Dakota	Top Oil/Gas Pay 6484'	Tubing Depth 6442'				
Perforations 6484'-98', 6554'-99', 6618'-29', 6633'-38', 6642'-54', 6660'-97', 6704'-12'			Depth Casing Shoe 6,816'				
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
12-1/4"	8-5/8"	340'	250				
7-7/8"	4-1/2"	6816'	560-2-4-1/2" DV Tools				
	2-7/8"	6442'	250-through sliding sleeve @ 3400'				

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 3,130	Length of Test 16 hrs.	Bbls. Condensate/MMCF 20.7	Gravity of Condensate 50°
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure 550#	Casing Pressure ---	Choke Size Adj.

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.

Marvin E. Smith
Marvin E. Smith (Signature)
Senior Staff Engineer

(Title)

July 21, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 10 1965**

BY **Original Signed Emery C. Arnold** 19

TITLE **Supervisor Dist. # 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 Sections I, II, III, and VI only 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.