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1000 Rio Benito Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Marathon Oil Company	Well API No. 30-045-27806
Address P. O. Box 552, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

RECEIVED
NOV 23 1990
OIL CON. DIV
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bolack "15"	Well No. 1	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. SF-078872-A
Location Unit Letter <u>K</u> : <u>2510'</u> Feet From The <u>South</u> Line and <u>1750'</u> Feet From The <u>West</u> Line Section <u>15</u> Township <u>27N</u> Range <u>11W</u> , <u>NMPM</u> , San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
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)					
El Paso Natural Gas Company	P. O. Box 4990, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 15	Twp. 27	Rgn. 11	Is gas actually connected? No	When?

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
		X	X					
Date Spudded 9-19-90	Date Compl. Ready to Prod. 10-26-90		Total Depth 2075'		P.B.T.D. 2020'			
Elevations (DF, RKB, RT, GR, etc.) 6298' GL, 6310' KB	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 1951'		Tubing Depth 1986'			
Perforations Fruitland Coal 1951'-94'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		349'		250 sx			
7 7/8"	5 1/2"		2075'		575 sx			
	2 3/8"		1986'		NA			

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 Tank	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 461	Length of Test 24 hr	Bbls. Condensate/MMCF --	Gravity of Condensate --
Testing Method (pilot, back pr.) Sep back pr.	Tubing Pressure (Shut-in) 30 psig	Casing Pressure (Shut-in) 132 psig	Choke Size 48/64"

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature
J. R. Jenkins, Production Superintendent
Printed Name
11-20-90 (915) 682-1626
Date Telephone No.

OIL CONSERVATION DIVISION

DEC 19 1990

Date Approved

By Burt D. Chang

SUPERVISOR DISTRICT #3

Title

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.