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 Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

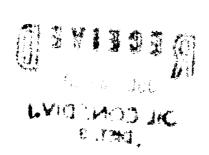
Operator Marathon Oil Company					Well API No. 30-045-07125					
Address P. O. Box 552 M	idland,	Tx. 7	9702					· · · · · · · · · · · · · · · · · · ·		
Reason(s) for Filing (Check proper box) New Well	·			Out	es (Please explo	zin)				
Recompletion	Oil		ransporter of:							
Change in Operator	Casinghead		Condennate X							
If change of operator give name and address of previous operator				·						
II. DESCRIPTION OF WELL	AND LEA	SE							•	
Lesse Name Ohio "C" Government	· · · · · · · · · · · · · · · · ·			-			Kind of Lease State, Federal or Fee		Lease No.	
Location C GOVERNMENT	ota Ga			NM-020501						
Unit Letter P	:1090) F	eet From The So	uth Lin	e and990	Fe	et From The	East	Line	
Section 26 Townshi	₀ 28N	R	lange 11W	N	мрм, Sar	.Juan			County	
						. ouun	,		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Condensa			e address to wi	ich approved	copy of this form	is to be se	mt)	
Gary-Williams Energy				P. O. Box 159 Bloomfield, N.M. 87413						
Name of Authorized Transporter of Casinghead Gas or Dry Gas (XX) E1 Paso Natural Gas Company						copy of this form				
If well produces oil or liquids,				Is gas actual!	Box 4990	When	ington, N.M. 87499			
give location of tanks.	<u>j</u> P j	26 j	28N 11W	Yes			1961			
If this production is commingled with that IV. COMPLETION DATA	from any other	r lease or po	ol, give commingli	ing order num	ber:					
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	ıme Res'v	Diff Res'v	
Date Spudded	Date Compl.	Ready to P	rod.	Total Depth	L	<u>!</u>	P.B.T.D.	~ - · · · · · · · · · · · · · · · · · · 	<u>.l</u>	
Elevations (DF, RKB, RT, GR, etc.)	ations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations					Depth Casin				Shoe	
	····	:BB:0 0	1.0010 .110			-	<u> </u>			
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE			CEMENTING RECORD DEPTH SET			SACKS CEMENT			
	OAGITO & FORITA GIZE			our mour			GAONG OCHIEN			
	-		-,,				 			
V. TEST DATA AND REQUES					• *					
OIL WELL . (Test must be after r Date First New Oil Run To Tank	Date of Test	d volume of	load oil and must		exceed top allo			full 24 hour	rs.)	
	Date Of Test			i roomang m	ruios (i ion, pa	-				
Length of Test	Tubing Press	NITE .		Casing Present & FIVE			oke Size			
Actual Prod. During Test	Oil - Bbls.			Water			- MCF			
				uv	JUL 5	1990	I			
GAS WELL Actual Prod. Test - MCF/D	Length of To	est		Bbis. Copies	Pierro N	DIV	Gravity of Coa	dentate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (SIDAS)			Choke Size	Choke Size		
	<u> </u>						<u> </u>	.,		
VI. OPERATOR CERTIFIC				(DIL CON	ISERV	ATION D	IVISIC	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION						
is true and complete to the best of my	knowledge and	belief.		Date	Approve	d	JUL 9 19	190	<u>,,</u>	
su a last.	_			 			. 1			
Signature Mark A. Zoller Production Superintendent					By					
Printed Name Title				Title SUPERVISOR DISTRICT #3						
$\frac{6-26-90}{\text{Date}}$	aton 087		ione No.							
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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.

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- 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.



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