		d	,		
NO. OF COPIES RECEIVED		18			
DISTRIBUTION					
SANTA FE		17			
FILE					
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL				
	GA\$	1	_		
OPERATOR		5			
PRORATION OFFICE					
Operator					

NOVEMBER 25,1974

III.

IV.

	SANTA FE		CONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-111			
	FILE	REQUEST	FOR ALLOWABLE AND	Effective 1-1-65			
	U.S.G.S.	AUTHODIZATION TO TO		CAC			
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS			
	OIL	-					
	TRANSPORTER GAS /	-					
	OPERATOR 5	-					
T	PRORATION OFFICE						
1.	Operator						
	Marathon Oil Compan	ıy					
		coon Wyoming 82601					
	P. O. Box 2659, Cas Reason(s) for filing (Check proper box		Other (Please explain)				
	New Well X	Change in Transporter of:	Omet (Freeder Captant)				
	Recompletion	Oil Dry Ga	rs 🗍				
	Change In Ownership	Casinghead Gas Conder					
	If change of ownership give name						
	and address of previous owner						
II.	DESCRIPTION OF WELL AND	LEASE					
	Lease Name	Well No. Pool Name, Including F	l l				
	Ohio "B" McCord	1 Kutz Fruitland	& Pic. Cliffs State, Feder	NM020500 NM020500			
	Location						
	Unit Letter 0; 1,	,090 Feet From The South Lin	te and 1,790 Feet From	The East			
	Line of Section 23 Tox	wnship 28N Range	IW , NMPM, San J	Uan County			
III.		TER OF OIL AND NATURAL GA	IS Address (Give address to which appro	and copy of this form is to be sent)			
	Name of Authorized Transporter of Oil	or Condensate	· ·	•			
	None		No liquids pr Address (Give address to which appro				
	Name of Authorized Transporter of Cas		1				
	El Paso Natural Gas		P. O. Box 990, Farming				
	If well produces cil or liquids,	Unit Sec. Twp. Age.	Is gas actually connected? Wh	ten			
	give location of tanks. None	<u>i</u>	No :				
		th that from any other lease or pool,	give commingling order number:				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.			
	Designate Type of Completic	on = (X)					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.3.T.D.			
			1.803'	1,754			
	Elevations (DF, RKB, RT, GR, etc.)	9-12-74 Name of Producing Formation	TopXXI/Gas Pay	Tubing Depth			
		Pictured Cliffs	1,672'	1,637'			
	Perforations 1,672'-1,680'			Depth Casing Shoe			
	Hyper Jets, 3	Holes/Ft.	1,803'				
		TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	12-1/4"	8-5/8", 24#	182'	135 sacks, Class B			
	7-7/8"	4-3/4", 16#	1,798'	465 sacks, Class B			
		2-3/8", 4.7#	1,637'				
			<u> </u>				
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	ifter recovery of total volume of load oil	and must be equal to or exceed top allow-			
	OIL WELL	Dute of Test	epth or be for full 24 hours)  Producing Method (Flow, pump, gas l	10. (2.)			
	Date First New Oil Run To Tanks	Date of rest	Producing Method (1 1000, pump, gas				
		Tubing Pressure	Casing Pressure	Choke Size			
	Length of Test	. admy . 1505 ad	•	1\ 2\ 3\			
	Actual Prod. During Test	Oil-Bbis.	Water-Bbis.	Gos - MON CO			
				1 0% O'S			
		1					
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Gravity of Condensate			
	1,088	3 hours	136	-			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	Back Pressure	268 psig	Packer	3/4"			
VI	CERTIFICATE OF COMPLIAN	ICE		ATION COMMISSION			
¥ 1.	CLIVEL FORES OF COME MAIN			ħ∈α 9 1074 -			
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.		APPROVED, 19					
		poriginal Capaca by days C. Arnold					
			CHOURTESN FIST ST				
		TITLE	DUTERNIDUS BALVA - De				
	$\sim$ $\sim$ $\sim$ $\sim$ $\sim$			compliance with RULE 1104.			
Soul & Johnson			to this is a request for allowable for a newly drilled or deepened				
(Signature)		nature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
	District Operations		tests taken on the well in acco	ust be filled out completely for allow-			
			All sections of this form m	vells.			

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.