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U.S.G.S.	
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

API 30-045-23036

Operator Marathon Oil Company	
Address P. O. Box 2659, Casper, Wyoming 82602	
Reason(s) for filing (Check proper box)	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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Ohio "C" Government	Well No.: Pool Name, including Formation 6 West Fulcher Pictured Cliffs Ext.	Kind of Lease State, Federal or Fee Federal	Lease No. NM-020501
Location Unit Letter K ; 1,630 Feet From The South Line and 1,840' Feet From The West Line of Section 26 Township 28N Range 11W , NMPM, San Juan County			

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)		
None	No Liquids Produced		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Company	P. O. Box 990, Farmington, NM 87401		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge.
Is gas actually connected?	When		
No	Approx. June 15, 1979		

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

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 11-11-78	Date Compl. Ready to Prod. 3-27-79		Total Depth 1,750'		P.B.T.D. 1,704'			
Elevations (DF, RKB, RT, GR, etc.) 5,640' GL, 5,653' KB	Name of Producing Formation West Fulcher Pictured Cliffs Ext.		Top Oil/Gas Pay 1,573'		Tubing Depth			
Perforations 1,573'-1,587' w/29 shots, 12 gram Jets.					Depth Casing Shoe 1,750'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	270'	250
7-7/8"	4-1/2"	1,750'	540
	2-3/8"	1,501'	

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 469	Length of Test 3 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate --
Testing Method (pilot, back pr.) One Point Back Pressure	Tubing Pressure (Shut-in) 249 psig	Casing Pressure (Shut-in) 249 psig	Choke Size 3/4"

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.

*Harry Magnus*  
(Signature)

District Operations Manager

(Title)

April 12, 1979

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAY 7 1979**, 19

BY Original Signed by A. R. Kendrick

TITLE SUPERVISOR DISTRICT # 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 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.