

Form C-104
Revised 4-1-89
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State of New Mexico
Energy, Minerals and Natural Resources Department

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Revised 4-1-89
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JAN 15 1992

O. C. D.
ARTESIA OFFICE

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

DISTRICT I
P.O. Box 1940, Hobbs, NM 88240

DISTRICT II
P.O. Drawer 0D, Artesia, NM 88210

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

I. Operator Marathon Oil Company Well API No. 30-015-00255

Address P. O. Box 552, Midland, Texas 79702

Reasons for Filing (Check proper box) Other (Please explain) Assign Condensate Transporter
New Well Change in Transporter of: Oil Dry Gas
Recompletion Oil Dry Gas
Change in Operator Casinghead Gas Condensate

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Andrew Arnquist Est. Well No. 1 Pool Name, including Formation Atoka Penn Kind of Lease State, Federal or Fee Lease No. ---
Location Unit Letter F 1650 Feet From The North Line and 1650 Feet From The West Line
Section 29 Township 18-S Range 26-E NMPM. Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Cooksonite Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77002
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Ste. 614, 1st National Bank, Odessa, TX 79760
If well produces oil or liquids, give location of tanks. Unit F Sec. 29 Twp. 18 Rge. 26 Is gas actually collected? Yes 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	Decom	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Ray	Tubing Depth					
Perforations							Depth Casing Shoe	

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 100 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 _____ Length of Test _____ Bbls. Condensate/MMCF _____ Gravity of Condensate _____
Testing Method (plug, back pr.) _____ Tubing Pressure (Shut-in) _____ Casing Pressure (Shut-in) _____ Choke Size _____

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 correct to the best of my knowledge and belief.
Carl A. Bagwell
Signature Carl A. Bagwell, Engineering Technician
Printed Name _____ Title _____
Date 1/13/92 Telephone No. (915) 682-1626

OIL CONSERVATION DIVISION

Date Approved JAN 22 1992
By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.