

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

**NEW MEXICO OIL CONSERVATION COMMISSION**  
**REQUEST FOR ALLOWABLE RECEIPT**  
**AND**  
**AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

**JUN 28 1972**

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

**O. C. C.**  
**ARTESIA, OFFICE**

Operator \_\_\_\_\_

Address Marion Oil Company

P. O. Box 650, Artesia, New Mexico 87010

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner Marathon Production Company, 2129 Dinwiddie Road, Dallas, Texas 75204

**DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Angelito</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Marathon Production Company</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>9745</u>
Location				
Unit Letter <u>I</u>	<u>650</u> Feet From The <u>I</u> Line and <u>6.021</u> Feet From The <u>10</u>			
Line of Section <u>21</u>	Township <u>19N</u>	Range <u>19W</u>	NMPM, <u>100%</u>	County _____

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>The Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1104, Lubaton, Texas 77001</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Phillips Petroleum Company, Odessa, Tex. 79760</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>21</u>	Twp. <u>19</u>	Rge. <u>20</u>
	Is gas actually connected? <u>Yes</u>		When <u>March 1963</u>	

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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth		
Perforations						Depth Casing Shoe		

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**TEST DATA AND REQUEST FOR ALLOWABLE 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

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Producing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

**CERTIFICATE OF COMPLIANCE**

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

Paul Goodson  
(Signature)

2002, 1000000-11-200  
(Title)

1972  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED JUL 7 1972, 19

BY W. A. Gressett

TITLE OIL AND GAS INSPECTOR

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