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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

RECEIVED

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

**OIL CONSERVATION DIVISION**

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JAN 16 '91

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

O. C. D.  
ARTESIA, OFFICE

I.

Operator Marathon Oil Company ✓	Well API No. 30-015-26438
Address P. O. Box 552, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>3/18/91</u> UNLESS AN EXCEPTION FROM THE D. L. M. IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name Stetco "10" Federal	Well No. 2	Pool Name, including Formation Tamano (Bone Spring)	Kind of Lease State, Federal or Fee	Lease No. LC-029388-A
Location				
Unit Letter <u>H</u>	: <u>2310</u>	Feet From The <u>North</u> Line and <u>660</u>	Feet From The <u>East</u> Line	
Section <u>10</u>	Township <u>18-S</u>	Range <u>31-E</u>	NMPM, <u>Eddy</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Pride Pipeline Company	P. O. Box 2436, Abilene, TX 79604
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Conoco Inc.	P. O. Box 90, Maljamar, NM 88264
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When ?
	H   10   18   31   No

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 8-26-90	Date Compl. Ready to Prod. 9-29-90	Total Depth 8700'		P.B.T.D. 8617'				
Elevations (DF, RKB, RT, GR, etc.) 3733' GL	Name of Producing Formation Bone Spring	Top Oil/Gas Pay 8020'		Tubing Depth 8276'				
Perforations Second Bone Spring Carbonate 8020'-8042'; 8050'-8100'				Depth Casing Shoe 8700'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		756'		447 sx "C"; circ			
11"	8 5/8"		2335'		674 sx "C"; circ			
7 7/8"	5 1/2"		8700'		1370 sx "H"; est TOC @ 500			
--	2 3/8"		8276'		--			

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 top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 10-2-90	Date of Test 1-10-90	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure --	Casing Pressure 50 psig	Choke Size <u>comp &amp; 2 1/4</u>
Actual Prod. During Test	Oil - Bbls. 10	Water - Bbls. 7	Gas- MCF 16

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 complete to the best of my knowledge and belief.

Signature  
J. R. Jenkins, Hobbs Production Sup't.  
Printed Name Title  
1-14-91 (915) 682-1626  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 17 1991

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.