	NO. OF COPIES RECEIVED						
	DISTRIBUTION						
	SANTA FE						
	FILE						
	U.S.G.S.						
	LAND OFFICE						
	TRANSPORTER	OIL					
		GAS					
	OPERATOR						
1.	PRORATION OFFICE						
	Operator						
	• Т	OM L.	TOM L. INGRA				
	Address						
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	Р	. 0. 1					
	Р						
	P Reason(s) for filing						
	P Reason(s) for filing New Well	(Check ;					
	P Reason(s) for filing New Wett Recompletion	(Check p	e nar	box ne			

<u> </u>	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS	REQUEST FO	SERVATION COMMISSION OR ALLOWABLE AND SPORT OIL AND NATURAL GA	Form C+104 Supersedes Old C-104 and C+110 Effective 1-1-85
1.	OPERATOR PRORATION OFFICE Operator	· .		
	Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership	7 - Roswell, New Mexico Change in Transporter of: Oil Dry Gas Castinghead Gas Condensa	Other (Please explain)	e: August 1, 1971
	If change of ownership give name and address of previous owner	Well No. Pool Name, Including Forr		C0200 No.
	Location Unit Letter N 1980	5 Bluitt-Penn Feet From The West Line	State, Federal of	ree ,
Ш.		er of oil and natural gas		sevelt
•	Name of Authorized Transporter of Oil McWood Corporation Name of Authorized Transporter of Cast Warren Petroleum Corp If well produces oil or liquids,	or Condensate inghead Gas or Dry Gas Oration Unit Sec. Twp. Pige.	Address (Give address to which approve 306 V 6 1 Tower Midlan Address (Give address to which approve P. O. Box 1589 - Tulsa, Is gas actually connected? When	d Texas 79701 d copy of this form is to be sent/ Oklahoma 74102
IV.	give location of tanks. If this production is commingled with COMPLETION DATA	N 20 8S 37E h that from any other lease or pool, g	Yes ive commingling order number	
	Designate Type of Completio	n - (X) Date Compl. Ready to Prod.	New Well Workover Deepen Total Depth	Flug Back - Dame Fresh - Codd Fresh. P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	CEMENTING RECORD DEPTH SET	SACKS CEMENT
v	TEST DATA AND REQUEST FOOL WELL		oth or be for full 24 hours)	and must be equal to or exceed top allow-
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li)	i, etc.j
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Teet	Oil-Bble.	Water - Bbie.	Gas - MCF
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitos, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Vi	Commission have been complied	regulations of the Oil Conservation with and that the information given e best of my knowledge and belief.	APPROVED JUE 23	1971 . 19
	Secretary	nature)	well, this form must be accompanied tasts taken on the well in accompanied	weble for a newly drilled or deepened anied by a tabulation of the deviation ordence with RULE 199, uat be filled out completely for allow-
	July 21, 197	l Date)	Fill our only Sections I.	II. III. and VI for changes of owner, ree, or other such change of condition

Fill out only Sections I. II. til. 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.

RECEIVED

JUL 2 0 1971 CIL CONSERVATION COMM. HOBES, H. M.

	DISTRIBUTION	NEW MEXICO OF	en e	
	NTA FE	- NEW MEXICO DIE	CONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-116
	(LE	T REGUES!	FOR ALLOWABLE O. C. C.	Effective 1-1-65
	J.S.G.S.	AUTHORIZATION TO TR	· · · · · ·	AL GAS
	LAND OFFICE		ANSPORT OIL AND NATUR	TE ONO
	TRANSPORTER OIL			
	GAS			
	OPERATOR	_		
1.	PRORATION OFFICE			
	Marathon Oil Compan	^ N		
	Address	ii y		
	P. Box 220, Hobbs,	New Mexico		İ
	Reason(s) for filing (Check proper box		Other (Please explain,	,
	New Well	Change in Transporter of:		
	Recompletion	OII M Dry G		7 MAD GU 1 1067
	Change in Ownership	Casinghead Gas Conde	nsateEFFECTIV	E MARCH 1, 1967
	If change of ownership give name			
	and address of previous owner			
	750000000000000000000000000000000000000			
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	Formation Kind of	Lease No.
	McGrail Federal	5 Allison Pen		Indone) on Eco
	Location	J ATTISON PEN	i <u>l</u>	Federal
	Unit Letter N ; 198	Peet From The West Li	ne and <u>650</u> Feet I	From The South
	Line of Section 20 Tox	wnship 8 S Range	37 E , NMPM,	Reserve1t County
III.	DESIGNATION OF TRANSPORT	TET OF OH AND NATIONAL C.	• ~	
			LAddress (Cine address to which	approved convert this form is to be cart)
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which	approved copy of this form is to be sent) MTDLAND. TEXAS 79701
	Name of Authorized Transporter of OH THE PERMIAN CORPORA	cr Condensate TION	Address (Give address to which P. O. BOX 3119,	MIDLAND, TEXAS 79701
	Name of Authorized Transporter of Cil THE PERMIAN CORPORA Name of Authorized Transporter of Car	or Condensate	Address (Give address to which P. O. BOX 3119, Address (Give address to which	MIDLAND, TEXAS 79701 approved copy of this form is to be sent
	Name of Authorized Transporter of OH THE PERMIAN CORPORA	or Condensate TION singhead Gas or Dry Gas TRANY Welve Core	Address (Give address to which P. O. BOX 3119, Address (Give address to which	MIDLAND, TEXAS 79701
	Name of Authorized Transporter of Cil THE PERMIAN CORPORA Name of Authorized Transporter of Car	or Condensate	Address (Give address to which P. O. BOX 3119, Address (Give address to which Box 308, Tatum,	MIDLAND, TEXAS 79701 approved copy of this form is to be sent New Morrisco Tot 1589
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OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - MCF	
		1	ļ	

GAS WELL

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

TITLE .

VI. 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.

Clarad.	
/ 6 (Signature)	
Area Superintendent	
(Title)	

2-20-67

(Date)

OIL CONSERVATION COMMISSION

APPROVED.	 	, 19
634		
OY		

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despende well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with ROLD 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. H. 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 ploted wells.