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TRANSPORTER	OIL GAS
OPERATOR	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND HOBBS OFFICE O. C. C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
APR 12 11 09 AM '66

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

Operator Marathon Oil Company	
Address Box 220 Hobbs, New Mexico	
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Section 35 State	Well No. 4	Pool Name, including Formation Undesignated-Chavero-San Andres R-3056	Kind of Lease State, Federal or Fee State
Location			
Unit Letter G	1980	Feet From The north	Line and 1980
Line of Section 35		Township 7S	Range 33E
		NMPM,	Roosevelt
			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"/> Magnolia Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 1073 Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 35
	Twp. 7S	Rge. 33E
	Is gas actually connected? no	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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3-21-66	Date Compl. Ready to Prod. 4-6-66	Total Depth 4431	P.B.T.D. 4412					
Pool Undesignated	Name of Producing Formation San Andres	Top Oil/Gas Pay 4202	Tubing Depth 4162'					
Perforations 4202 - 4325 with 26 shots			Depth Casing Shoe 4414					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		350		250			
7-7/8"	4-1/2"		4414		350			
	2-3/8"		4162					

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)

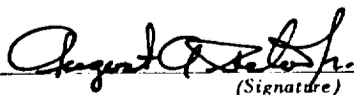
Date First New Oil Run To Tanks 4-6-66	Date of Test 4-7-66	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 10 hrs	Tubing Pressure 0 - 330#	Casing Pressure packer	Choke Size 18/64"
Actual Prod. During Test 46.75 bbls	Oil - Bbls. 46.75	Water - Bbls. none	Gas - MCF 25

GAS WELL

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

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.


(Signature)

Area Supt.

(Title)

4-11-66

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY 

TITLE _____

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 Sections I, II, III, and VI only 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.