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

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

Form C-104  
Supersedes OIL C-104 and C-105  
Effective 1-1-65

I. Operator  
Marathon Oil Company  
Address  
P. O. Box 2409, Hobbs, New Mexico 88240  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☒ Condensate ☐  
Other (Please explain)  
Change in transporter of casinghead gas effective 5-1-70.  
If change of ownership give name and address of previous owner  
Atlantic Richfield Company, P.O. Box 696, Lovington, New Mexico 88260

II. DESCRIPTION OF WELL AND LEASE  
Lease Name  
J. M. Denton  
Well No.  
1  
Pool Name, Including Formation  
Denton Wolfcamp  
Kind of Lease  
State, Federal or Fee  
Fee  
Lease No.  
Location  
Unit Letter  
K  
1980 Feet From The  
South Line and  
1980 Feet From The  
West  
Line of Section  
11  
Township  
15-S  
Range  
37-E  
NMPM,  
Lea  
County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Amoco Pipe Line Company  
Address (Give address to which approved copy of this form is to be sent)  
3411 Knoxville Ave., Lubbock, Texas 79413  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
Tipperary Resources Corporation  
Address (Give address to which approved copy of this form is to be sent)  
500 West Illinois Street, Midland, Texas 79701  
If well produces oil or liquids, give location of tanks.  
Unit  
K  
Sec.  
11  
Twp.  
15-S  
Rge.  
37-E  
Is gas actually connected?  
Yes  
When  
11-16-50

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 ☐ Deepen ☐ Plug Back ☐ Same Rest'y. ☐ Diff. Rest'y. ☐  
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 Pay  
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 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

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

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.  
Area Superintendent  
June 22, 1970  
OIL CONSERVATION COMMISSION  
APPROVED  
JUN 29 1970  
BY  
SUPERVISOR DISTRICT  
This form is to be filed in compliance with RULE 1  
If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 111  
All sections of this form must be filled out complete on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for oil well name or number, or transporter, or other such as  
Separate Forms C-104 must be filed for each completed well.

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JUL 20 1970

OIL CONSERVATION COMM.  
HOPE, N. M.