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| RECEIVED | |
| DIVISION | |
| OFFICE | |
| PORTER | OIL |
| | GAS |
| ATOR | |
| ATION OFFICE | |

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

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-69

Marathon Oil Company

P. O. Box 2409, Hobbs, New Mexico 88240

son(s) for filing (Check proper box)

Well ☐
Completion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☒ Condensate ☐

Other (Please explain)

Change in transporter of casinghead gas effective 5-1-70.

Change of ownership give name and address of previous owner

Atlantic Richfield Company, Box 696, Lovington, New Mexico 88260

DESCRIPTION OF WELL AND LEASE

| | | | | |
|-----------------|----------|----------------------------------|---------------------------|------------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| J. M. Denton | 11 | Denton Wolfcamp | State, Federal or Fee Fee | |
| Location | | | | |
| Unit Letter | P | 330 Feet From The South Line and | 990 Feet From The East | |
| Line of Section | 11 | Township 15-S | Range 37-E | Lea County |

II. 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) | |
| Amoco Pipe Line Company | 3411 Knoxville Ave., Lubbock, Texas 79413 | |
| 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) | |
| Tipperary Resources Corporation | 500 West Illinois, Midland, Texas 79701 | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. |
| | K | 11 |
| | | Twp. |
| | | 15-S |
| | | Rge. |
| | | 37-E |
| Is gas actually connected? | When | |
| Yes | 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 Res'v. | Diff. Res'v. |
| 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

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT

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 multiple completed wells.

RECEIVED

JUN 26 1970

OIL CONSERVATION COMM.
HOBBBS, N. M.