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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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-11  
Effective 1-1-65

Operator  
Marathon Oil Company

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

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

**CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 12/15/82  
UNLESS AN EXCEPTION TO R-4070**

DESCRIPTION OF WELL AND LEASE	Well No.	Pool Name, Including Formation	IS OBTAINED of Lease	Lease No.
Aetna Eaves	2	East Garrett (Drinkard)	State, Federal or Fee	Fee

Location	Unit Letter	Feet From The	Line and	Feet From The	County
	A	330	North	990	East
	Line of Section	Township	Range	NMPM	Lea
	26	16S	38E		

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	405 W. Indiana, Midland, Texas 79701
Western Crude Oil, Inc.	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	26	16S	38E	No	

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA	Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Re-try	Diff. Re-try
	X	X							
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
4-17-82	10-8-82	8500'	8445'						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth						
3691' GR; 3703' KB	Drinkard	8119'	8272'						
Perforations		Depth Casing Shoe							
8119', 21', 39', 45', 70', 83', 86', 93', 99', 8209', 12', 38', 40', 55', 58', 65', 67', 69', 72', 74'		8500'							

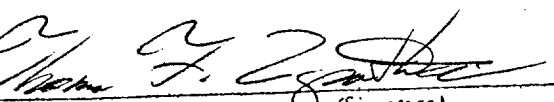
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8", 48# & 54.5#	371'	400 sx Class "C"
12 1/4"	9 5/8", 36# & 40#	4653'	1800 sx
8 1/2"	5 1/2", 15.5# & 17#	8500'	940 sx
	2 3/8" Tubing	8242'	

TEST DATA AND REQUEST FOR ALLOWABLE (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.)	
10-7-82	10-6-82	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	10	5	TSTM

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

CERTIFICATE OF COMPLIANCE	OIL CONSERVATION COMMISSION
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.	APPROVED OCT 15 1982, 19
	ORIGINAL SIGNED BY
	JERRY SEXTON
	TITLE DISTRICT 1 SUPER
	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 multiply

  
(Signature)  
Production Engineer  
(Title)  
October 8, 1982  
(Date)

RECEIVED  
OCT 14 1982  
O.C.D.  
HOBBS OFFICE

## INCLINATION REPORT

OPERATOR Marathon Oil Company ADDRESS P. O. Box 2409, Hobbs, New Mexico 88240LEASE Aetna Eaves WELL NO. 2 FIELD East GarrettLOCATION 330' FNL & 990' FEL, Sec. 26, T-16S, R-38E

<u>Depth</u>	<u>Inclination (Degrees)</u>	<u>Displacement</u>	<u>Displacement Accumulated</u>
200	1/2	1.74	1.74
300	1/2	0.87	2.61
376	1/4	0.33	2.94
900	1/2	4.56	7.49
1402	1/2	4.37	11.86
1900	1/2	4.33	16.19
2043	1/4	0.63	16.82
2600	1 1/4	12.03	28.85
3082	1	8.44	37.29
3587	1/2	4.39	41.68
3912	3/4	4.26	45.94
4283	1	6.49	52.43
4456	1	3.03	55.46
4670	1/2	1.86	57.32
5175	1 1/4	10.91	68.23
5439	1	4.62	72.85
5754	1	5.51	78.36
6262	1	8.89	87.25
6595	3/4	4.36	91.61
6839	1/2	2.12	93.73
7270	3/4	5.65	99.38
7540	3/4	3.54	102.92
7951	1/2	3.58	106.50

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

Thomas F. Zapata  
Title: Production Engineer

## Affidavit:

Before me, the undersigned authority, appeared Thomas F. Zapata known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

Thomas F. Zapata  
(Affiant's Signature)

Sworn and subscribed to in my presence on this the 12 day of Oct. 1982.

Sal Salmen  
Notary Public in and for the County  
of Lea, State of New Mexico

My Commission Expires 7-21-84

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