

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 12-01-78
Format 05-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Marathon Oil Company

Address
P.O. Box 552 Midland, Texas 79702

Reasons for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	Request permission to transport casinghead gas.
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Benson	Well No. 1	Pool Name, including Formation North Knowles, Devonian	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter P	330	Feet From The South	Line and 990	Feet From The East	
Line of Section 14	Township 16-S	Range 38-E	NMPM, Lea	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"/> Permian SCURLOCK PERMIAN CORP EFF 9-1-91	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 7251-1183
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co. GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) 82-M Plaza Office Bldg., Bartlesville, OK 74002
If well produces oil or liquids, give location of tanks. Unit P Sec. 14 Twp. 16S Rge. 38E	Is gas actually connected? When Yes 1-30-88

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

J. R. Jenkins
(Signature)
Hobbs Production Superintendent
(Title)
2-1-88
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 _____

BY _____

TITLE ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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 completed wells.

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 Drilled 11-15-86	Date Compl. Ready to Prod. 2-11-87	Total Depth 13,345'			P.B.T.D. 13,248'			
Elevations (DF, RKB, RT, CR, etc.) GL 3898'	Name of Producing Formation Devonian	Top Oil/Gas Pay 13,118'			Tubing Depth 9035'			
Perforations 13,120'-13,150'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8	48 & 54 1/2#	319'		430 Class C			
12 1/4"	9 5/8	36 & 40#	5017'		765 Light & 250 Class H			
8 3/4"	2 7/8"	6.5#	9035'					

V. 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 2-11-87	Date of Test 2-22-87	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 20	Casing Pressure 20	Choke Size
Actual Prod. During Test 562 Bbls.	Oil - Bbls. 301 Bbls.	Water - Bbls. 261 Bbls.	Gas - MCF TSTM

GAS WELL

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

RECEIVED
 MAR 24 1988
 CCD
 HOBBS OFFICE