

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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		
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)	
<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Oil	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>8-1-87</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Dry Gas		
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		
		<input type="checkbox"/> Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
V. E. Roddy	1	Wildcat <i>Devonian</i>	State, Federal or Fee Fee	
Location				
Unit Letter	A	750	Feet From The North Line and 750	Feet From The East
Line of Section	23	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"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corp. <i>Permian (EN. 9/1/87)</i>	P. O. Box 1183, Houston, Texas 77251-1183					
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	23	16-S	38-E	No	

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.

Eric M. Pugh
(Signature)

Engineer

(Title)

June 10, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 15 1987, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
3-13-87	5-21-87		13,300'		13,222'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
GR: 3697' KB: 3718'	Devonian		13,072'		12,986'				
Perforations						Depth Casing Shoe			
13,072'-13,100' (4 JSPF - 105 holes)						13,280'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"		13-3/8" 48 lb./ft.		298'		375 sx. Cl. "C"			
12-1/4"		9-5/8" 36 & 40 #/ft.		5007'		1800 sx. lite & 250 "H"			
8-3/4"		5-1/2" 17 & 20#/ft.		13,280'		1925 sx. 50:50 POZ			
Tubing:		2-7/8"		12,986'					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5-21-87	6-09-87	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	40 psi	0 psi	24/64"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	223	0	50

GAS WELL

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

*Request for Lease Commingling sent to NMOCD, Santa Fe, on June 3, 1987.
Currently producing into test tanks located at well site.

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