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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 Old C-104 and C-110
Effective 1-1-65

Operator Marathon Oil Company		
Address Box 220 Hobbs, New Mexico		
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name State Warr A/C 2	Well No. 14	Pool Name, Including Formation Undesignated Glorieta	Kind of Lease State, XXXXXXXXXX
Location			
Unit Letter E	1660 Feet From The North Line and 380' Feet From The West		
Line of Section 6	Township 18 S	Range 35 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"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 1510 Midland, Texas		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Box 758 Hobbs, New Mexico		
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 6	Twp. 18 S
		Rge. 35 E	Is gas actually connected? yes
			When 1-14-65

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Flow Back <input type="checkbox"/>	Same Reat'y. <input type="checkbox"/>	Diff. Reat'y. <input type="checkbox"/>
Date Spudded 12-20-64	Date Compl. Ready to Prod. 1-14-65	Total Depth 6250'		F.B.T.D. 6220'					
Pool Undesignated Glorieta	Name of Producing Formation Glorieta	Top Oil/Gas Pay 6012'		Tubing Depth 5949'					
Perforations 6012' - 6014' and 6021' - 6023' with 2 jet shots per foot				Depth Casing Shoe 6248'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		8-5/8"		1502'		1000			
7-7/8"		5-1/2"		6248'		1280			
		2-3/8"		5949'					

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 1-14-65	Date of Test 1-14-65	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 7 1/2 hrs	Tubing Pressure 160#	Casing Pressure Packer	Choke Size 16/64"
Actual Prod. During Test 56.19 barrels	Oil-Bbls. 56.19	Water-Bbls. None	Gas-MCF 28

GAS WELL

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

Albert Meschler, Jr.
(Signature)

Ass't Superintendent

1-15-65

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

TITLE _____

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 Sections I, II, III, and VI only 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.