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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

I. Operator
Marathon Oil Company
Address
Box 220, Hobbs, New Mexico

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Ownership Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Warn State A/c 2	Well No. 16	Pool Name, Including Formation Vacuum Grbg. San Andres	Kind of Lease State, Federal or Fee State	Lease No. B1113
Location Unit Letter <u>N</u> <u>1650</u> Feet From The <u>West</u> Line and <u>990</u> Feet From The <u>South</u>				
Line of Section <u>6</u> Township <u>18S</u> Range <u>35E</u> , 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 PL	Address (Give address to which approved copy of this form is to be sent) Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Pet. Co.	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 6	Twp. 18S	Rge. 35E	Is gas actually connected? Yes	When Unknown

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"/>	Plug Back <input type="checkbox"/>	Same Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded 3-11-68	Date Compl. Ready to Prod. 4-3-68		Total Depth 4820'		P.B.T.D. 4766'			
Elevations (DF RKB, RT, GR, etc.) KDB 3988'	Name of Producing Formation Grbg. San Andres		Top Oil/Gas Pay 4521'		Tubing Depth 4742'			
Perforations 4521', 4530', 4540', 4551', 4609', 4622', 4634' 4686', 4690', 4698' & 4711'					Depth Casing Shoe 4815.99			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
12 1/4		8 5/8 24#		1497.66		815 Sx.		
7 7/8		5 1/2 17#		4815.99		1400 Sx.		
-		2 3/8 4.7#		4742.28		-		

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 4-3-68	Date of Test 4-25-68	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 11 Hour	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 70.36 Bbls.	Oil-Bbls. 63.46	Water-Bbls. 6.90	Gas-MCF 28.9

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.

Joe W. Younger
Act. Area Superintendent
(Title)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Joe W. Younger
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.