I.	NO. OF COPIES RECEIVED   CISTRIBUTION   SANTA FE   FILE   U.S.G.S.   LAND OFFICE   IRANSPORTER   OPERATOR   PRORATION OFFICE	REQUEST	FOR ALLOWABLE AND ANSPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 5	
	Marathon Oil Com Address P. O. Box 2409, Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership	pany Hobbs, New Mexico 8824 Change in Transporter of: Oil Dry Ga Casinghead Gas Conder	Other (Please explain)	AND THE ST. NOT MA	
	If change of ownership give name and address of previous owner	THIS WELL HAT BE	TH PLACED IN THE POOL		
and address of previous owner <u>DeSIGNATED BELOW IF YOU DO NOT CONCUR</u> NOTIFY THIS OFFICE. R-5417					
17.	DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including F		Lease No.	
	State E-619 "A"	1 Vacuum Abo,	North State, Federal o	Fee State E-619	
	Location		1000		
Unit Latier F ; 1980 Feet From The NOTTH Line and 1980 Feet From The West				West	
	Line of Section 2 Town	ship 17S Range 3	<u>4Е , NMPM, Lea</u>	County	
	DESIGNACION OF TRANSBORT		2		
414.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS     Name of Authorized Transporter of Oil () or Condensate ()     Mobil Oil Corp. (Truck)     Name of Authorized Transporter of Casinghead Gas () or Dry Gas ()     Address (Give address to which approved copy of this form is to be sent)     Name of Authorized Transporter of Casinghead Gas () or Dry Gas ()     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. P.ge. F 2 175 34E	Is gas actually connected? When No		
	If this production is commingled with that from any other lease or pool, give commingling order number:				
	COMPLETION DATA Designate Type of Completion	Oil Well Cas Well		Plug Back   Same Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	11-5-76	12-23-76	8900'	88621	
	Elevations (DF, RKB, RT, GR, etc.) 1 4071' KB	Name of Producing Formation Abo	Top Oil/Gas Pay 7. 8688*	Subing Depth 8747	
	Perforations	ADO		Depth Casing Shoe	
	8688,89,94,95,96,8719,	20,21,22,26,27,28,29,30	),31,32 (16 holes)	8899'	
			CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	271' 3	SACKS CEMENT	
	11"	8 5/8"		HOWCO Lite, 250 sx"C"	
	7.7/8"	4 1/2"		50 sx HOWCO Lite, 300 s	
		<u>2 3/8"</u>	8747'	11H11	
٧.	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil c able for this depth or be for full 24 hours)		· · · · · · · · · · · · · · · · · · ·		
		Date of Test	Producing Mathod (Flow, pump, gas lift,	eic.)	
	12-23-76 Length of Test	1-18-76 Tubing Pressure	Pump Casing Pressure C	Choke Size	
	24 hours	25 psi	25 psi	Open	
İ	Actual Prod. During Test	Oll-Bbla.	Water-Bbla. C	Gaa-MCF	
	34 Bbls.	30 Bb1s.	4 Bbls.	10	
	GAS WELL				
[	and the second	Length of Test	Bbls. Condensate/MMCF C	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shat-13)	hoke Size	
ا v?.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
	I hereby certify that the rules and regulations of the Oil Conservation		APPHOVED	, 19	
	Commission have been complied with and that the information gives above is true and complete to the best of my knowledge and $5e^{1/2}$		BY MMW. MIN	yan	
				oĝist	
	William D. H	puncis	This form is to be filed in con If this is a request for sliowab well, this form must be accompania tests taken on the well in accordan	is for a newly drilled or despense d by a tabulation of the deviation	
	Petroleum Engineer (Title)			be filled out completely for allow-	

January 21, 1977 (Date)

All sections of this form must be	filled out completely for allow-
able on new and recompleted wells.	
	and the for changes of owner

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.



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