Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Linergy, Minerals and Natural Resources Depart. Lint

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 Santa Fe, New Mexico 87504-2088

<b>I.</b>	T	OTRA	NSF	ORT OIL	AND NA	TURAL G	AS				
Operator								Well API No.			
Marathon Oil Company Address				<del></del>			30-	-025-296	516		
P. O. Box 552, Midlar	nd, Texa	as	7970	)2							
Reason(s) for Filing (Check proper box)				· ·	Ot	her (Please expl	ain)				
New Well  Recompletion		Change in		_							
Change in Operator	Oil Casinghead	_	Dry C	ensale						i	
If change of operator give name	Camigneso	- Gas	COBG								
and address of previous operator					····						
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name Sprinkle Federal	Well No. Pool Name, Include 3 Querecho I				. = -			of Lease Federal or Fe	f Lease Lease No. Federal or Fee		
Location Unit Letter E		2310	F	<b></b> N	orth	ne and 330			Most		
Section 26 Township	100	2310						eet From The	_west	Line	
			Range			ІМРМ,	_Lea			County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil				ND NATU				,	<del> </del>		
Permian SCURLOCK PE	ERMIAN CO		-1-91		P. O.	Box 838,	Hobbs,	New Mex	ico 882	240	
	Phillips 6 Nath Gas GPM Gas Corporation 4001 Perior of Ry Obes 32 Texas 79762										
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. I				Is gas actually connected? When Yes.			?			
If this production is commingled with that f	rom any othe	r lease or	pooi, g	ive commingl	ing order num	nber.				-	
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion  Date Spudded		Pandy to			Total Depth	1	1	<u> </u>	L		
Desc Spaces	Date Compl	. Ready to	rtoq.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations									Depth Casing Shoe		
TUBING, CASING AND					CEMENT	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
						<del></del>		-			
					<u> </u>						
V. TEST DATA AND REQUES OIL WELL (Test must be after re					he equal to a	exceed ton ail	numble for this	e denth as he	for full 24 hou	re )	
Date First New Oil Run To Tank						be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL	!										
Actual Prod. Test - MCF/D	Length of To	est			Bbis. Conde	nate/MMCF		Gravity of	Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COMP	TIAI	NCF		<del></del>	<del></del>	····			
I hereby certify that the rules and regula					(	OIL CON	ISERV.	ATION	DIVISIO	N	
Division have been complied with and that the information given above											
is true and complete to the best of my k	nowledge and	belief.			Date	Approve	d				
Carl A D.	/					• •	•				
Signature					By_						
Carl A. Bagwell, Engi	neering	Tech	nici	.an							
Printed Name			Title		Title						
1/22/91 Date	(91	.5) 68 <b>Tele</b>	<u>2-16</u> phone l								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.