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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Marathon Oil Company		Well API No. 30-025-30504
Address P. O. Box 552, Midland Tx 79702		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/>		<input type="checkbox"/> Other (Please explain) Casinghead Gas MUST NOT BE FLARED AFTER <u>11-5-91</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.		

II. DESCRIPTION OF WELL AND LEASE

Lease Name State E-744-15	Well No. 1	Pool Name, Including Formation West Corbin (Delaware)	Kind of Lease State, Federal or Fee	Lease No. E-744-15
Location Unit Letter <u>I</u> : <u>2086</u> Feet From The <u>South</u> Line and <u>554</u> Feet From The <u>East</u> Line Section <u>15</u> Township <u>18-S</u> Range <u>33-E</u> , <u>NMPM</u> , <u>Lea</u> 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"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3609, Midland Tx 79702	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Contract negotiations underway	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 I	Sec. 15
	Twp. 18-S	Rge. 33-E
	Is gas actually connected? No	
	When ?	

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 X	Gas Well	New Well	Workover X	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded 8-18-91	Date Compl. Ready to Prod. 8-25-91		Total Depth 11,496'		P.B.T.D. 50' cnt. 8525' (CIBP @ 8575' w/)			
Elevations (DF, RKB, RT, GR, etc.) 3912' GL, 3922' KB	Name of Producing Formation Delaware		Top Oil/Gas Pay 5271'		Tubing Depth 5200'			
Perforations 5271' - 5290' w/ 2 JSPF					Depth Casing Shoe 11,403'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		450'		410			
12 1/4"	9 5/8"		3,100'		1230			
8 3/4"	5 1/2"		11,403'		2575			
NA	2 3/8"		5,200'		NA			

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 Tank 9-5-91	Date of Test 9-12-91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hr.	Tubing Pressure 35 psi	Casing Pressure 35 psi	Choke Size NA
Actual Prod. During Test 275 Bbls.	Oil - Bbls. 30	Water - Bbls. 245	Gas- MCF 30

GAS WELL

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

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

S. P. Guidry
Signature
S. P. Guidry Hobbs Production Supt.
Printed Name
9-13-91 (915) 682-1626
Date
Title
Telephone No.

OIL CONSERVATION DIVISION

Date Approved 10/15/91

By JERRY CLAYTON
DISTRICT I SUPERVISOR

Title

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.