Submit 5 Copies	
Appropriate District Office	
Appropriate District Office District I	
P.O. Box 1980, Hobbs, NM	85

P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Antesia, NM 88210

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

State of New Mexico rgy, Minerais and Natural Resources Departm

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

1000 Rio Brazos Rd., Aztec, NM 87410						AUTHORI					
I. Operator		IO IR/	ANSI	PORTUI		TURAL G		API No.		·	
Marathon Oil Company							30-	-025-319	5 9		
Address P.O. Box 552, Midland, Te	vae 797	702									
Resson(s) for Filing (Check proper box)					X OL	her (Please expl	а <i>л</i>)				
New Well		Change in	Trans	porter of:	R	EQUEST 10	00 BARRE	LL TEST	LLOWABL	E FOR	
Recompletion	Oil		Dry	Gas 🛄	0	IL PRODUCE			ION AND TH	ESTING	
Change in Operator	Casinghea	d Gas] Cond	leonate			July	1993			
If change of operator give name and address of previous operator		··									
IL DESCRIPTION OF WELL	AND LE								·		
Lease Name WARN STATE A/C 2		Well No. 21		Name, includi		l	State	of Lease Federal or Fe	* 8748	ease No. 50	
Location			1100			199	<u>ista</u> 3				
Unit Letter C	.1109		_ Feet)	From The NC	ARTH Li	te and 1193	·•.•	eet From The	WEST	Line	
Section 6 Townshi	p 1	8S	Rang	e 35E	, N	IMPM,		LEA		County	
III. DESIGNATION OF TRAN	ICDODTE	ים הד הי	-		DAL CAS	1					
Name of Authorized Transporter of Oil		or Conde			Address (Gi	ve address to wi	hick approve	d copy of this	form is to be s	ent)	
TX. NM. PIPELINE CO.						BOX 60028					
Name of Authorized Transporter of Casing GPM	er of Casinghead Gas 🔀 or Dry Gas 🛄				Address (Gi	we address to wi				ent)	
If well produces oil or liquids,	or liquids, Unit Sec. Twp. Rge. is gas actually connected? When ?										
give location of tanks.		6	18-		<u> </u>	NO					
If this production is commingled with that IV. COMPLETION DATA	from any oth										
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Weil	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded 6-3-93	Date Compl. Ready to Prod.			Total Depth.	8200		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	roducing F	ormatio	×0	Top Oil/Gas Pay			8069 Tubing Depth			
GL:3975' KB:3988'	75' KB:3988' DRINKARD							7673			
Perforations 7800-7989 SELECTIVE								Depth Casing Shoe 5 1/2" @ 8158'			
	<u>т</u>	UBING.	CAS	ING AND	CEMENT	ING RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
14 3/4"	11 3/4"		1,465'			750					
11"	8 5/8"			l	2,823'			900			
7 7/8"	 	5 1/	2"		8,158			1560			
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE	2	L						
OIL WELL (Test must be after re					be equal to or	r exceed top allo	wable for th	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes	at.			Producing M	ethod (Flow, pu					
/-1/-93 Length of Test	7-17-93				Casing Press		FLOWING		Choke Size		
Lengui or Tex	Tubing Pressure			Casing Freesance							
Actual Prod. During Test	od. During Test Oil - Bbls.				Water - Bbis.			Gaa- MCF			
GAS WELL	1				L			_ _			
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
Cesting Method (pilot, back pr.)					Santa Lices			CAUGE SLICE			
VI OPERATOR CERTIFIC.	ATE OF	COMP	LIA	NCE							
I hereby certify that the rules and regula	tions of the (Oil Conser	vation			DIL CON	SHEHW	A IBUSI	DIVISIC	N .	
Division have been complied with and t			en abov	re							
is true and complete to the best of my k	nowledge an	d belief.			Date	Approved	dЦ	1 2 1 10	03		
	10						-00				
Signature				ByOrig. Signed by							
THOMAS M. PRICE ENG. TECH				Paul Kautz Geologist							
Printed Name 7-19-93		800-3	Tile 851-1	1417	Title				······		
Date		Tele	phone l	No.				_			

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.