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

## 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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

_			TALLOWA							
l		O TRAI	NSPORT O	L AND NA	TURAL G					
Operator								PI No.		
Marathon Oil Company						30	-025-323	L89		
Address PO Box 2409, Hobbs,	NM 88	240	(505)	393-7106	 5					
	- MIT 00		(303)			nim)		<del></del>	-	
Reason(s) for Filing (Check proper box)		<b>~</b>			et (Please expl					
New Well			Transporter of:		allowab1		-			
Recompletion	Oil	_	Dry Gas 🗔	locat	tion (fra			cilities	•	
Change in Operator	Casinghead	Gas [ ]	Condensate		<i>&amp;</i>	2+. 1	193			
f change of operator give name and address of previous operator										
•										
L DESCRIPTION OF WELL				<del></del>		I				
Lease Name Warn State A/C 2	1	Well No.   1 24	Pool Name, Inclu	on <b>g romation</b> Drinkard)			of Lease Federal or Fe		22 Se No.	
		24	vacuum (	DI IIIKalu,	, 		, contains 10	B-1	TT)	
Location	0.0			a		20		** .		
Unit LetterM	_ : <u>99</u>	1	Feet From The _	South Lin	e and4(	<u></u> Fe	et From The	West	Line	
,			- 0		_				_	
Section 6 Township	• 18−S	<u> </u>	Range 3	<u>5-Е</u> , <b>N</b>	<b>MPM,</b> I	Lea Coun	ty		County	
III. DESIGNATION OF TRAN								<del></del>		
Name of Authorized Transporter of Oil	X	or Condens	nte 🗀		ve address to w					
TX-NM Pipeline			<del></del>	<del></del>	x 60028,					
Name of Authorized Transporter of Casing	head Gas	Gas 📉 or Dry Gas 🗀			Address (Give address to which approved copy of this form is to be sent)					
GPM Gas Corporation				<del></del>	4001 Penbrook, Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit   N	Sec. [	Twp. Rge 18S 35E		ly connected?	When	. 7			
· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>									
f this production is commingled with that f	rom any othe	er lease or p	ool, give commin	gling order num	ber:					
V. COMPLETION DATA		1			·	<del></del>	·	Y=	<u> </u>	
Designate Type of Completion	- (%)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
	· ·	1		Total Depth	<u> </u>	<u>.l</u>	L	<u> </u>	J	
Date Spudded	Date Compl	l. Ready to I	PTO C.	100ai Debui			P.B.T.D.			
		<del></del> -		T 0:1/C	W		ļ			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing For	mation	Top Oil/Gas	ray		Tubing Dep	<b>th</b>		
0-4	<u> </u>		<u></u>	<u> </u>				Depth Casing Shoe		
Perforations							Depth Cash	ng Shoe		
	, -			CEMENTI	CEMENTING RECORD			T		
HOLE SIZE	CAS	ING & TU	BING SIZE	<u> </u>	DEPTH SET			SACKS CEMENT		
								<del></del>		
	<u> </u>			<u> </u>			ļ.			
	<u> </u>						<u>.</u>			
V. TEST DATA AND REQUES							<b>.</b>			
OIL WELL (Test must be after r			f load oil and mu					for full 24 hou	F3.)	
Date First New Oil Run To Tank	Date of Tes	t		Producing M	lethod (Flow, p	ump, gas lift,	etc.)			
	<u> </u>			10: -			Chaba Sie			
Length of Test	Tubing Pres	istie		Casing Press	Casing Pressure			Choke Size		
	ļ							C MCF		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls	Water - Bbls.			Gas- MCF		
GAS WELL										
Actual Prod. Test - MCF/D	Length of 1	est	<del></del>	Bbls. Conde	amte/MMCF		Gravity of	Condensate		
Design of Asset										
Testing Method (pitot, back pr.)	Tubing Pre	saure (Shut-	m)	Casing Press	Casing Pressure (Shut-in)			Choke Size		
(Parel and by 1)		, <del>-</del>								
UT OPEN A TOP CORP	A 1702 OF	CO1 677	TANCE.	<del>-</del>	<del></del>		1			
VI. OPERATOR CERTIFIC					OIL CO	<b>USFRV</b>	ATION	DIVISIO	NC	
I hereby certify that the rules and regular					J.L JUI					
Division have been complied with and is true and complete to the best of my h			a acuve	_		. ^	ICT 19	1002		
				Date	e Approve	ed	IOI TA	1333	<del></del>	
(7) / YLO()·									V-A	
- vasor				By_	(			JERRY SE	MOIA	
Signature Rick Gaddis	Pro	oductio	on Engine			DIS	TRICT I SU	PERVISOR		
RICK GADDIS Printed Name			Title	11					s• .	
October 19, 1993	(5)	05) 393	3-7106	i itie	9			-		
Date		Talas	shone 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.