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LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
ORTRATOR		T	T

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

ſ	FILE		AND	Ellective 1-1-03	
	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL (GAS	
	LAND OFFICE	_			
	TRANSPORTER OIL	_			
	GAS				
1.	OPERATOR PRORATION OFFICE Operator				
		& Operating, Inc.			
		obbs, New Mexico 8824	0		
	Reason(s) for filing (Check proper b	ox)	Other (Please explain) Uf	nange of ownership,	
	New Well	Change in Transporter of:	_ lease name and		
	Recompletion	Oil Dry Gas		thon-State B-4286A	
	Change in Ownership X	Casinghead Gas Conden	sate No. 1		
	If change of ownership give name and address of previous owner	Marathon Oil Company,	Box 2409, Hobbs, 1	New Mexico 88240	
11.	DESCRIPTION OF WELL AN	D LEASE			
	Lease Name	Well No. Pool Name, Including Fo		Lease No.	
	Abo SWD System	9-2 Lovington Ab	00 state, i data	S ta te	
	Location	TiT o or do	e and 990 Feet From	The North	
	Unit Letter C; 23	510 Feet From The West Lin	e and 990 restrion	The HOLDE	
	Line of Section 2	Township 17South Range 3	66East , NMPM,	Lea County	
	Eme of occurrent				
III.	DESIGNATION OF TRANSPO Name of Authorized Transporter of	ORTER OF OIL AND NATURAL GA	S Address (Give address to which appro	oved copy of this form is to be sent)	
		D. C. C.	Address (Give address to which appro	oved copy of this form is to be sent)	
	Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (tibe dadress to which appro	300 <u>0</u> 00p, 0, 4,000 james to 20 0000,	
		Unit Sec. Twp. Rge.	Is gas actually connected? WI	nen	
	If well produces oil or liquids, give location of tanks.				
		with that from any other lease or pool,	give commingling order number:		
IV.	If this production is commingled COMPLETION DATA	with that from any other lease of poor,			
- • •		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Comple			P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.1.D.	
	(DE DVD DE CD	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.	Name of Floadering 1 orination			
	Perforations			Depth Casing Shoe	
		TUBING, CASING, AN	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
v	TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	after recovery of total volume of load of	il and must be equal to or exceed top allow-	
•	OIL WELL	aote jor this a	epth or be for full 24 hours) Producing Method (Flow, pump, gas		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	11/1, 610./	
		Tubing Pressure	Casing Pressure	Choke Size	
	Length of Test	Tubing Plase 20			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF	
	GAS WELL		15	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Confederation	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	1 satisfy Method (prior, seem pro)	, , , , , , , , , , , , , , , , , , , ,			
	. CERTIFICATE OF COMPL	IANCE	OIL CONSERV	ATION COMMISSION	
A1	. CERTIFICATE OF COMPL	MICE			
	I hereby certify that the sules	and regulations of the Oil Conservation	APPROVED	, 19	
	A in in a large base semalish with sea that the initiation kives		BY		
above is true and complete to the best of my knowledge and belief.			11		
	λ [[]	11 1	TITLE		
			This form is to be filed i	n compliance with RULE 1104.	
L. B. Goodheart (Signature)			If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	7	(Tule)		we try and UT for changes of OWNER,	
October 12, 1973 (Date)			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.		

Separate Forms C-104 must be filed for each pool in multiply

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<u> </u>		LAND OFFICE	
	710	HANSPORTER	
	AS.	NOTAL TONAL	
-		OPERATOR	

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