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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE OFFICE O. C. C.
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. Operator
Marathon Oil Company
Address
P. O. Box 220, Hobbs, New Mexico
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name
Staplin State A/C 1
Well No.
5
Pool Name, Including Formation
Vacuum San Andres
Kind of Lease
State, Federal or Fee State
Location
Unit Letter K ; 1750 Feet From The West Line and 1650 Feet From The South
Line of Section 30 , Township 17 S Range 35 E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Texas-New Mexico Pipe Line Company
Address (Give address to which approved copy of this form is to be sent)
Box 1510, Midland, Texas
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Phillips Petroleum Company
Address (Give address to which approved copy of this form is to be sent)
Box 758, Hobbs, New Mexico
If well produces oil or liquids,
give location of tanks.
Unit K Sec. 30 Twp. 17S Rge. 35E
Is gas actually connected? Yes When 1-1-67

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 ☒ Gas Well ☐ New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐
Date Spudded 11-3-66 Date Compl. Ready to Prod. 11-23-66 Total Depth 4750 P.B.T.D. 4722
Pool Vacuum Name of Producing Formation San Andres Top Oil/Gas Pay 4472 Tubing Depth 4573
Perforations 4472-73; 4479-80; 4486-87; 4510-11; 4521-22; 4527-28; 4551-53' Depth Casing Shoe 4739
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12-1/4" 8-5/8" 500' 350
7-7/8" 5-1/2" 4750' 650
2-3/8" 4573

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 Tanks 1-1-67 Date of Test 1-5-67 Producing Method (Flow, pump, gas lift, etc.) Pump
Length of Test 23 hrs. Tubing Pressure - Casing Pressure - Choke Size Open
Actual Prod. During Test 109.65 bbls. Oil - Bbls. 109.65 Water - Bbls. None Gas - MCF 2926

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

VI. CERTIFICATE OF COMPLIANCE
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
Area Supt. 1-10-67
(Signature) (Title) (Date)
OIL CONSERVATION COMMISSION
APPROVED BY TITLE
This form is to be filed in compliance with RULE 1104.
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.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out Sections I, II, III, and VI only 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 completed wells.