

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator Marathon Oil Company	
Address P. O. Box 2409, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) 3/11/72 DD A-4070	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State B-8097	Well No. 1	Pool Name, Including Formation Undesignated	Kind of Lease State, Federal or Fee State	Lease No. B-8097
Location				
Unit Letter B	660	Feet From The North	Line and 1980	Feet From The East
Line of Section 28	Township 17-S	Range 34-E	NMPM, Lea	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"/> Western Oil Transportation Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 725, Hobbs, New Mexico	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 B	Sec. 28
	Twp. 17S	Rge. 34E
	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-23-71	Date Compl. Ready to Prod. 12-29-71		Total Depth 8975'		P.B.T.D. 8918'			
Elevations (DF, RKB, RT, GR, etc.) GL 4061'	Name of Producing Formation Vacuum Abo North		Top Oil/Gas Pay 8772'		Tubing Depth 8898'			
Perforations 8801,03,07,09,13,18,36,39,41,47,49,57,72,76,78,84,86,94,8896.					Depth Casing Shoe 8975'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		255'		275			
11"	8-5/8"		3160'		1100			
7-7/8"	4-1/2"		8975'		1000			

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 12-29-71	Date of Test 1-10-72	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 30	Casing Pressure --	Choke Size --
Actual Prod. During Test 174 bbls.	Oil-Bbls. 146	Water-Bbls. 28	Gas-MCF 81.85

GAS WELL

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

C. A. Hiler  
(Signature)  
Area Superintendent  
(Title)  
January 12, 1972  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED JAN 14 1972, 19  
BY [Signature]  
TITLE SUPERVISOR DISTRICT I

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 only Sections I, II, III, and VI for changes of owner, name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply zoned wells.

RECEIVED

JAN 10 1970

U.S. CONSERVATION COM.  
WASHINGTON, D.C.