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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

I.

Operator Marathon Oil Company		
Address P. O. Box 2409, Hobbs, New Mexico 88240		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	THIS WELL HAS BEEN PLATED IN THE POOL VACUUM ABO NORTH P. O. BOX 725, HOBBS, NEW MEXICO 88240
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"/>	

If change of ownership give name  
and address of previous owner

THIS WELL HAS BEEN PLATED IN THE POOL  
VACUUM ABO NORTH  
P. O. BOX 725, HOBBS, NEW MEXICO 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name Staplin State A/C 3	Well No. 1	Pool Name, including Formation Vacuum Abo North	Kind of Lease State, Federal or Fee State	Lease No. B-2245
Location Unit Letter <u>L</u> ; <u>520</u> Feet From The <u>West</u> Line and <u>1840</u> Feet From The <u>South</u> Line of Section <u>20</u> Township <u>17-S</u> Range <u>35-E</u> , NMPM, <u>Lea</u> 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"/>	Address (Give address to which approved copy of this form is to be sent) Western Oil Transportation Co. P. O. Box 725, Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) None					
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>20</u>	Twp. <u>17</u>	Rge. <u>35</u>	Is gas actually connected? <u>No</u>	When

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-24-72	Date Compl. Ready to Prod. 5-19-72		Total Depth 8900		P.B.T.D. 8864			
Elevations (DF, RKB, RT, GR, etc.) KB 3991; GL 3978	Name of Producing Formation Abo		Top Oil/Gas Pay 8694		Tubing Depth 8590			
Perforations 8695, 97, 99, 8706, 08, 10, 14, 16, 30, 32, 34, 41, 47, 49, 54, & 56					Depth Casing Shoe 8900			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		260		350			
11	8-5/8		3200		1200			
7-7/8	4-1/2		8900		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 5-19-72	Date of Test 5-22-72	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hr.	Tubing Pressure 100 psi	Casing Pressure Pkr.	Choke Size 36/64
Actual Prod. During Test 489	Oil-Bbls. 479	Water-Bbls. 10	Gas-MCF 327.38

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. Liles Jr.  
(Signature)

Area Superintendent

(Title)

5-22-72

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 24 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, well name or number, or transporter, or other such change of condition.

# INCLINATION REPORT

Field Name \_\_\_\_\_ County Lea State New Mexico  
Operator Marathon Oil Company Address P. O. Box 552 Midland, Texas 79701  
Lease Name & No. Staplin A/c 3 Well No. 1 Survey Totco

## RECORD OF INCLINATION

Depth (feet)	Angle of Inclination (degrees)	Displacement (feet)	Accumulative Displacement (feet)
260	3/4	3.41	3.41
960	1/2	6.16	9.57
1662	1	12.29	21.86
2358	1 3/4	21.23	43.09
2539	1 1/4	3.95	47.04
3200	3/4	8.66	55.70
4185	1	17.24	72.94
5400	1 1/2	31.83	104.77
6261	1	15.07	119.84
7170	1/4	4.00	123.84
7641	1/2	4.14	127.98
8237	3/4	7.81	135.79
8900	1/2	5.83	141.62
Total displacement			141.62

Survey was run in Open Hole Distance to the nearest lease line \_\_\_\_\_ feet

### Certification of personal knowledge of Inclination Data:

I hereby certify that I have personal knowledge of the data and facts placed on this form, and that such information given above is true and complete.

Delton Marcum  
Signature

MARCUM DRILLING COMPANY  
Company

State of Texas )  
County of Midland )

Before me, the undersigned, a Notary Public in and for said County and State, on this day personally appeared DELTON MARCUM, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purpose and consideration therein expressed and in the capacity therein stated.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS 1st DAY OF May 19 94

My Commission Expires

Delton Marcum  
Notary Public in and for said County & State