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	GAS	
OPERATOR		
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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 220, Hobbs, New Mexico 88240  
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)  
Aband. Bone Springs Zone, recomplete in Bend Gas Zone.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lea Unit	Well No. 4	Poo. Name, Including Formation Lea Bend	Kind of Lease State, Federal or Fee Fed.	Lease No. NM 06531 A
Location Unit Letter 'H' ; 1980 Feet From The North Line and 660 Feet From The East Line of Section 11 Township 20S Range 34E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Famariss Oil Co.	Address (Give address to which approved copy of this form is to be sent) Hobbs, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Marathon Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 220, Hobbs, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 12	Twp. 20S	Rge. 34E	Is gas actually connected? Yes	When 11-11-69

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.
		X		X		X		X
Date Spudded 9-24-69	Date Compl. Ready to Prod. 11-11-69		Total Depth 14492'		P.B.T.D. 14487'			
Elevations (DF, RKB, RT, GR, etc.) 3655' GL	Name of Producing Formation Bend		Top Oil/Gas Pay 12,852'		Tubing Depth 12,553'			
Perforations 12,852-12,972'					Depth Casing Shoe 14,490'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1689	Length of Test 24 hrs.	Bbls. Condensate/MMCF 23	Gravity of Condensate 59.2
Testing Method (pitot, back pr.) Back Pr.	Tubing Pressure (Shut-in) 2248	Casing Pressure (Shut-in) 810	Choke Size 32/64"

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.

J. W. Younger  
(Signature)  
Act. Area Supt.  
(Title)  
11-26-69  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
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 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

**NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-102  
Supersedes C-128  
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

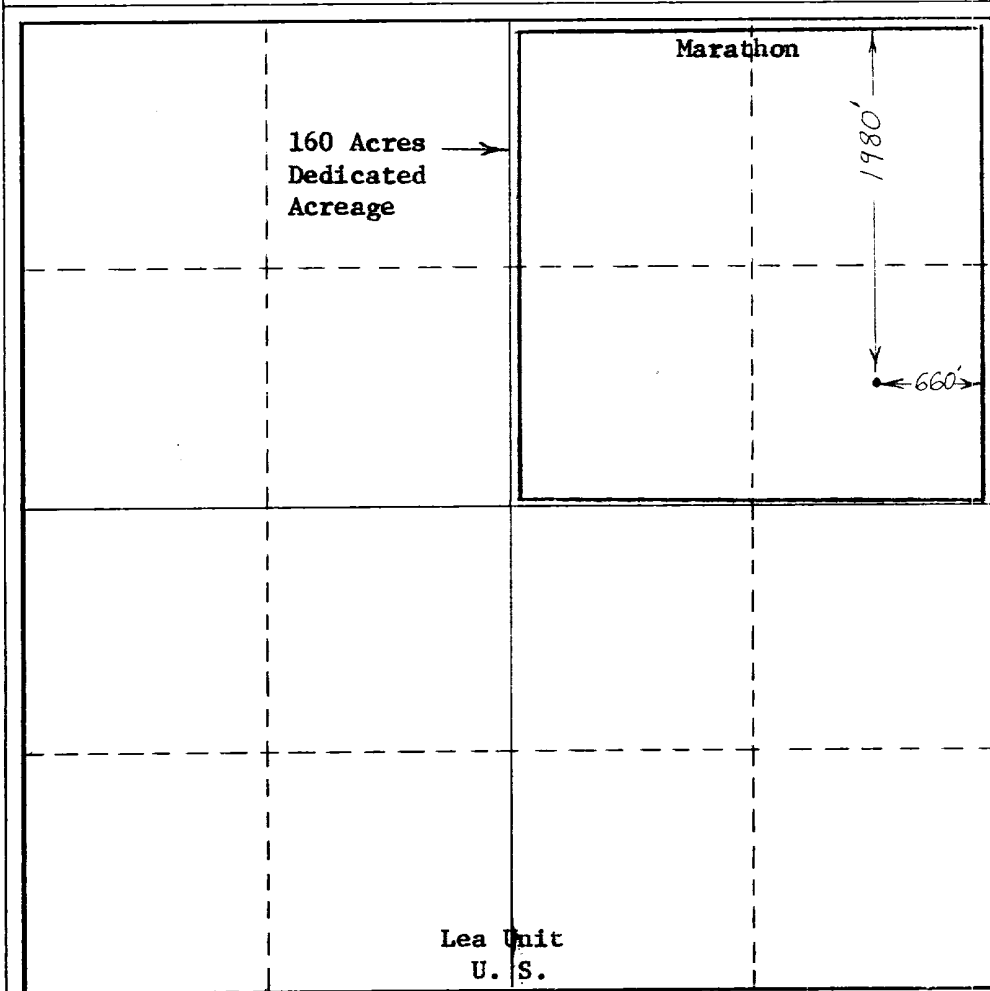
Operator <b>Marathon Oil Company</b>			Lease <b>Lea Unit</b>		Well No. <b>4-U</b>
Unit Letter <b>H</b>	Section <b>11</b>	Township <b>20S</b>	Range <b>34E</b>	County <b>Lea</b>	
Actual Footage Location of Well: <b>1980</b> feet from the <b>North</b> line and <b>660</b> feet from the <b>East</b> line					
Ground Level Elev. <b>DF 3676</b>	Producing Formation <b>Pennsylvanian (Gas)</b>		Pool <b>Lea Pennsylvanian Gas</b>		Dedicated Acreage: <b>160</b> Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☒ Yes    ☐ No    If answer is "yes," type of consolidation ~~Unitization Agreement~~

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



**CERTIFICATION**

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

*J. W. Younger*  
Name

**J. W. Younger**  
Position

**Area Petroleum Engineer**  
Company

**Marathon Oil Company**  
Date

**11-18-69**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

**6-12-61**

Registered Professional Engineer  
and/or Land Surveyor

**/s/ John W. West**  
Certificate No.

**676**

