

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-  
Effective 1-1-65

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

I. Operator  
Marathon Oil Company

Address  
P.O. Box 2409 Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)  
**CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 6/1/79  
UNLESS AN EXCEPTION TO R-4076  
IS OBTAINED.**

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lea Unit	Well No. 7	Pool Name, Including Formation Lea Devonian	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter N ; 660 Feet From The South Line and 1980 Feet From The West Line of Section 12 Township 20-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"/> Texas - New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Broadmoor Bldg. 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 L	Sec. 12	Twp. 20S	Pge. 34E	Is gas actually connected?	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	Workover	Deepen	Plug Back	Some Rest.	Diff. Reqv.
Date Spudded 5-16-78	Date Compl. Ready to Prod. 10-27-78	Total Depth 14,555 KB	P.B.T.D. 14,490 KB					
Elevations (DF, RKB, RT, GR, etc.) 3657' GR 3678' RKB	Name of Producing Formation Devonian	Top Oil/Gas Pay 14,277'	Tubing Depth 5148'					
Perforations 14, 315, 17, 19, 27, 28, 29, 45, 49, 58, 60, 77, 78, 79, 88, 89, 90			Depth Casing Shoe 14539 KB					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
SAME AS ON ORIGINAL FORM FILED								
6"	Liner 4 1/2"	14,540'	215 sx class "H"					

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 8-18-78	Date of Test 3-8-79	Producing Method (Flow, pump, gas lift, etc.) gas lift	
Length of Test 24 hr.	Tubing Pressure 140	Casing Pressure 720	Choke Size
Actual Prod. During Test 515 BB	Oil-Bbls. 20	Water-Bbls. 495	Gas-MCF Non-measurable

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

*Carl Harman*  
(Signature)

Production Engineer

4-27-79

(Title)

(Date)

OIL CONSERVATION COMMISSION

MAY 1 1979

APPROVED \_\_\_\_\_, 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 allowables 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 multiple

RECEIVED

MAY - 11 1979

OIL CONSERVATION COMM.  
HOBBS, N. M.