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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Marathon Oil Company</b>		Well API No. <b>30-025-05909</b>
Address <b>P.O. Box 552, Midland, Texas, 79702</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator _____		

#### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>BERTHA BARBER</b>	Well No. <b>4</b>	Pool Name, Including Formation <b>EUMONT (Y-7R-QN)</b>	Kind of Lease State, Federal or Fee <b>FFF</b>	Lease No. <b>033520</b>
Location Unit Letter <b>K</b> : 1980 Feet From The <b>SOUTH</b> Line and 1980 Feet From The <b>WEST</b> Line Section <b>5</b> Township <b>20-S</b> Range <b>37-E</b> , NMPM, LEA County				

#### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.		When ?
Unit <b>K</b>	Sec. <b>5</b>	Top. <b>20-S</b> Rge. <b>37-E</b>
Is gas actually connected?		<b>NO</b>

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
		<b>X</b>				<b>X</b>		<b>X</b>
Date Spudded <b>NOVEMBER 3, 1992</b>	Date Compl. Ready to Prod. <b>NOVEMBER 19, 1992</b>		Total Depth <b>3895'</b>		P.B.T.D. <b>3500'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>GL: 3571' KB: 3581'</b>	Name of Producing Formation <b>EUMONT (Y-7R-QN)</b>		Top Oil/Gas Pay <b>3200'</b>		Tubing Depth <b>3128'</b>			
Perforations <b>EUMONT 3200'-3412' W/2 SPF, 424 HOLES.</b>					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	<b>13"</b>		<b>151'</b>		<b>150</b>			
	<b>9-5/8"</b>		<b>1131'</b>		<b>500</b>			
	<b>7"</b>		<b>3770'</b>		<b>450</b>			

#### 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 Tank	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 <b>149</b>	Length of Test <b>24</b>	Bbls. Condensate/MMCF <b>0</b>	Gravity of Condensate <b>N/A</b>
Testing Method (pilot, back pr.) <b>BACK PRESSURE</b>	Tubing Pressure (Shut-in) <b>280</b>	Casing Pressure (Shut-in) <b>N/A</b>	Choke Size <b>28/64"</b>

#### VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*Brent D. Lockhart*

Signature  
**BRENT D. LOCKHART** TECHNICIAN  
Printed Name  
**DECEMBER 1, 1992** Title  
**915-682-1626**  
Date Telephone No.

#### OIL CONSERVATION DIVISION

Date Approved **FEB 03 1993**

By **ORIGINAL SIGNED BY DISTRICT I SUPERVISOR**

Title \_\_\_\_\_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.