NEW MEXICO OIL CONSERVATION COMMISSION (Form C-104) Revised 7/1/57

REQUEST FOR ~~XXXX~~ - ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico (Place) 4-23-63 (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Marathon Oil Company (Company or Operator) Lea Unit (Lease), Well No. 3, in NW 1/4 SE 1/4,

J (Unit Letter), Sec. 13, T 20-S, R 34-E, NMPM, Lea Penn Pool

Lea County. Date Spudded 8-1-62 Date Drilling Completed 12-9-62

Elevation 3652' GL Total Depth 14,435' PBTD 14,416'

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J o	I
M	N	O	P

Top Oil/Gas Pay 12,902' Name of Prod. Form. Bend

PRODUCING INTERVAL -

Perforations 12,902 - 12,918'

Open Hole ______ Depth Casing Shoe 14,435' Depth Tubing 12,835'

OIL WELL TEST -

Natural Prod. Test: ______ bbls.oil, ______ bbls water in ______ hrs, ______ min. Choke Size ______

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used). ______ bbls.oil, ______ bbls water in ______ hrs, ______ min. Choke Size ______

GAS WELL TEST -

Natural Prod. Test: 244 MCF/Day; Hours flowed 24 Choke Size 16.75/64"

Method of Testing (pitot, back pressure, etc.): Absolute open flow

Test After Acid or Fracture Treatment: ______ MCF/Day; Hours flowed ______

Choke Size ______ Method of Testing: ______

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
13 3/8"	867	800
9 5/8"	5498	2970
7"	14,090	1205
4½" liner 13928-14435 w/		
2 3/8"	12835	100 sx

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand):

Casing Press. 0 Tubing Press. 2062 Date first new oil run to tanks ______

Cond. ~~XX~~ Transporter Tamariss Oil and Refining Company

Gas Transporter Marathon Oil Company

Remarks: Request gas allowable effective April 20, 1963.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved ______, 19____

Marathon Oil Company (Company or Operator)

OIL CONSERVATION COMMISSION

By: [signature] (Signature)

By: [signature]

Title ______

Title Assistant Superintendent

Send Communications regarding well to:

Name Marathon Oil Company