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NEW MEXICO OIL CONSERVATION COMMISSION (Form C-104)
 Santa Fe, New Mexico Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE
 HOBBS OFFICE O.C.C.

New Well
 Nov 25 2 01 PM 1963

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 11-20-63
 (Place) (Date)

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

Marathon Oil Company Lea Unit, Well No. 11, in. SE $\frac{1}{4}$ SW $\frac{1}{4}$,
 (Company or Operator) (Lease)
N 13, Sec. 20-S, T. 20-S, R. 34-E, NMPM., Lea Penn Pool
 Unit Letter

Lea

County. Lea Date Spudded 6-3-63 Date Drilling Completed 9-9-63

Please indicate location:

Elevation 3656' Total Depth 14,464' FBTD

Top Oil/Gas Pay 12,377' Name of Prod. Form. Bend Gas

PRODUCING INTERVAL -

Perforations 12,987' - 12,996'

Open Hole _____ Depth Casing Shoe 14,371' Depth Tubing 12,961'

OIL WELL TEST -

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

GAS WELL TEST -

Natural Prod. Test: * 17,170 MCF/Day; Hours flowed 24 Choke Size full

Method of Testing (pitot, back pressure, etc.): _____

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

Choke Size _____ Method of Testing: _____

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

Casing Press. pk Tubing Press. 3235 Date first new oil run to tanks _____

Oil Transporter _____

Gas Transporter Marathon Oil Company

Remarks: Did not obtain point alignment from Back Pressure Test. Well Will Be retested.

* Absolute Open Flow based on a Back Pressure Curve Slope of 1.00

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)

By: Albert Meschler, Jr.
 (Signature)

OIL CONSERVATION COMMISSION

Title: Asst. Supt.

Send Communications regarding well to:

Name: Marathon Oil Company

Address: Box 220 - Hobbs, New Mexico

By: _____

Title: _____