

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Geology, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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

Operator Marathon Oil Company	Well API No. 30-025-26365
Address P.O. Box 552, Midland, Texas, 79702	
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

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name LEA UNIT	Well No. 12	Pool Name, including Formation LEA BONE SPRING	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM-053434
Location				
Unit Letter H	1980	Feet From The NORTH	Line and 990	Feet From The EAST
Section 13	Township 20-S	Range 34-E	NMPM	LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil KOCH OIL CO.	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1558, BRECKENRIDGE, TX. 76204				
Name of Authorized Transporter of Casinghead Gas GPM	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4001 PENNBROOK BLDG. ODESSA, TX 79762				
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 12	Twp. 20-S	Rge. 34-E	Is gas actually connected? YES	When? 11-3-92

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 X	Gas Well	New Well	Workover X	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded	Date Compl. Ready to Prod. AUGUST 12, 1993		Total Depth 16553'		P.B.T.D. 12825'			
Elevations (DF, RKB, RT, GR, etc.) KB: 3662' GL: 3694'	Name of Producing Formation LEA BONE SPRING		Top Oil/Gas Pay 9532'		Tubing Depth 10334'			
Perforations 10,245-10,255; 9,532-9,642					Depth Casing Shoe 16553			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		901'		800			
12-1/4"	9-5/8"		5423'		4100			
7-3/4"	7-5/8"		14341'		1500			
	5-1/2"		14033'-16533'		160			

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 08-14-93	Date of Test 08-20-93	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HR	Tubing Pressure	Casing Pressure 150	Choke Size
Actual Prod. During Test	Oil - Bbls. 90	Water - Bbls. 12	Gas- MCF 13

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. 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.

Thomas M Price
Signature
THOMAS. M. PRICE ADV. ENG. TECH.
Printed Name
9-2-93 Title
800-351-1417
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **SEP 07 1993**
By **ORIGINAL SIGNED BY JERRY SEXTON**
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.

RECEIVED

SEP 22 1993

OLD HUBBS
OFFICE