

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  
Energy, 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

### II. DESCRIPTION OF WELL AND LEASE

Lease Name LEA UNIT	Well No. 12	Pool Name, including Formation <del>BEND (MORROW)</del> Lea Perm gas	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM-053434
Location Unit Letter <u>H</u> : 1980 Feet From The <u>NORTH</u> Line and <u>990</u> Feet From The <u>EAST</u> Line Section <u>13</u> Township <u>20-S</u> Range <u>34-E</u> , <u>NMPM</u> LEA County				

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

Name of Authorized Transporter of Oil TX-NM PIPELINE COMP. <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1510 MIDLAND, TX 79702					
Name of Authorized Transporter of Casinghead Gas <del>PHILLIPS PET. SERVICE CO.</del> GPM gas corp <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4001 PENNBROOK BLDG. ODESSA, TX 79782					
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 MARCH 21, 1980

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
		X				X		X
Date Spudded OCTOBER 29, 1992	Date Compl. Ready to Prod. NOVEMBER 3, 1992		Total Depth 16553'		P.B.T.D. 13665'			
Elevations (DF, RKB, RT, GR, etc.) KB: 3662' GL: 3694'	Name of Producing Formation BEND (MORROW)		Top Oil/Gas Pay 13003'		Tubing Depth 12795'			
Perforations 13003'-007' & 13028'-048' W/6 SPF, 144 HOLES.					Depth Casing Shoe			
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	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 1270	Length of Test 4 HOURS	Bbls. Condensate/MMCF 113.4	Gravity of Condensate 50.8
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 3310	Casing Pressure (Shut-in) 0	Choke Size 7/64"

### 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  
Printed Name  
NOVEMBER 11, 1992  
Date  
TECHNICIAN  
Title  
915-682-1626  
Telephone No.

### OIL CONSERVATION DIVISION

Date Approved NOV 16 '92

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.