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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

**I. OPERATOR**

Operator: Marathon Oil Company

Address: P. O. Box 2409, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of: Dry Gas  Resume production on previously temporarily abandoned well.

Recompletion  Oil  Condensate

Change in Ownership  Casinghead Gas

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Hansen State</u>	Well No. <u>3</u>	Pool Name, Including Formation <u>Eunice-Monument Grayburg/</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>A-3071</u>
Location <u>San Andres</u>				
Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u>				
Line of Section <u>16</u> Township <u>20-South</u> Range <u>37-East</u> , NMPM, <u>Lea</u> County				

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

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>Shell Pipeline Company</u>	<u>Box 1910, Midland, Texas 79701</u>			
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)			
<u>Warren Petroleum Company</u>	<u>Box 67, Monument, New Mexico 88265</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>B</u>	Sec. <u>16</u>	Twp. <u>20S</u>	Rge. <u>37E</u>
	Is gas actually connected?		When	
	<u>Yes</u>		<u>September 1954</u>	

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.
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

**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 Tanks <u>3-29-78</u>	Date of Test <u>3-30-78</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure	Casing Pressure	Choke Size <u>Open</u>
Actual Prod. During Test <u>134</u>	Oil-Bbls. <u>8</u>	Water-Bbls. <u>126</u>	Gas-MCF <u>9</u>

**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. CERTIFICATE OF COMPLIANCE**

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

William R. Hubb  
(Signature)

Production Engineer  
(Title)

April 5, 1978  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED APR 7 1978, 19\_\_

BY Les Clements  
Oil & Gas Insp.

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiple completed wells.

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APR 6 - 1978

OIL CONSERVATION COMM.  
DOBBS, N. M.