

OIL CONSERVATION DIVISION  
P. O. BOX 2000  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator

Marathon Oil Company

Address

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

Reason(s) for filing (Check proper box)

New Well

☐

Change in Transporter of:

Recompletion

☒

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

Temporary surface commingling with  
Hansen State Well No. 4 - Eumont  
Gas Pool

If change of ownership give name  
and address of previous owner

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

1. DESCRIPTION OF WELL AND LEASE

Lease Name Hansen State	Well No. 5	Pool Name, including Formation Monument-Blinbry	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter H	1980	Feet From The North	Line and 660	Feet From The East
Line of Section 16	Township 20S	Range 37E	NMPM,	Lea County

2. 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)					
Shell Pipeline Company 1245810	P. O. Box 1598, Hobbs, New Mexico, 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum 1245730	P. O. Box 67, Monument, New Mexico, 88265					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 16	Twp. 20S	Rge. 37E	Is gas actually connected? Yes	When September 19, 1985

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod. September 19, 1985	Total Depth 6650	P.B.T.D. 6310					
Elevations (DF, RKB, RT, GR, etc.) GR 3544, KB 3555	Name of Producing Formation Blinbry	Top Oil/Gas Pay 5694	Tubing Depth 5784					
Perforations 5694-5706, 5782-56, 58-70, 78-80, 84-86, 90-92, 5894-5902 with 1 JSPF			Depth Casing Shoe 6648					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

3. 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 September 19, 1985	Date of Test September 24, 1985	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 5	Water - Bbls. 373	Gas - MCF N/A

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

4. 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 F. Zapatka

(Signature)

Production Engineer

(Title)

September 26, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED

SEP 30 1985

, 19

BY

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT SUPERVISOR

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 multiply completed wells.

RECEIVED  
SEP 27 1985  
FBI  
HONOLULU OFFICE