	OPIES RECEIVED  FRIBUTION  FE	<del>-</del>	reë)			FOR ALL	TION COMM	iss .		Form C -10- Supersedes Effective 1	Old C-104	and G-1
U.S.G.S.		AUT	HORIZ	101ȚA	N TO TRA	AND ANSPORT	I DNA JIQ		GAS			
(RANSP OPERAT	ORTER GAS .											
I. PRORAT	ON OFFICE	<u>.</u>									,	
Address	Marathon 0:	il Compan	'nΣ							<del></del> ,	-	
Passanty	P. O. Box 2		s, Ne	w Mex	xico		0:1					
New Well	Tor Hing (Check proper 90	•	e in Tran	sporter	c:;		Other <i>(Please</i>	explain)				
Shange in	===	Oti Casing	head Gas	<b>x</b>	Dry Ga Conder	· == !						•
	of ownership give name as of previous owner	· · · · · · · · · · · · · · · · · · ·										
W. DESCRIP	TION OF WELL AND	LEASE		Well N	2 Bool Na	me, Includin	- Formation		7/1-4-4	1		
	Marshall "B"			2	a. Pool Na Tubl		g r ormation		Kind of State, F	Lease 'ederal or F	'ee	
Location							<del> </del>				<del></del>	
Unit Le	tter;66	50 Feet i	From The	Sou	ith Lin	ie and	<del>500</del>	Feet From	The W	est		
Line of	Section 27 , To	ownship	215			7E	, NMPM	Le	a			County
u. Designa	TION OF TRANSPOR	RTER OF O	IL AND	NATU	Finge 3	ıs						
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II. DESIGNA Nume of A	TION OF TRANSPOR	RTER OF OI	IL AND	NATU	Einge 3	Address (0		o which app	oved copy o	as	is to be se	nt)
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Tubing Pressure

VI. CERTIFICATE OF COMPLIANCE

Actual Prod. Test-MCF/D

Testing Method (pitot, back pr.)

OIL CONSERVATION COMMISSION

Gravity of Condensate

Choke Size

Bbls. Condensate/MMCF

Casing Pressure

APPROVED

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.

Length of Test

BY TITL.E

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.

Acting Area Superintendent August 1, 1966 (Date)

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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.