

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Marathon Oil Company		
Address	P. O. Box 552, Midland, Texas 79702		
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)	
<input type="checkbox"/> New Well	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas	
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
W. S. Marshall "B"	4	Paddock	State, Federal or Fee Fee	
Location				
Unit Letter	L	1980	Feet From The South	Line and 660
		Feet From The West		
Line of Section	27	Township	21-S	Range 37-E
		NMPW, Lea 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)
Texas-New Mexico Pipeline	P. O. Box 1510, Midland, Texas 79702
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)
Texaco Producing	P. O. Box 1137, Eunice, New Mexico 88231
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. is gas actually connected? when
K 27 21-S 37-E	Yes 5-28-87

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Cue M. Pungle  
(Signature)  
Engineer  
(Title)  
June 5, 1987  
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 11 1987, 19  
BY Paul Kauts  
(Geologist)  
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.

#### 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		
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Recompleted 5-9-87	5-27-87		6555'		5440'			
Elevations (DF, RKB, RT, CR, etc., GR: 3415', KB: 3428')	Name of Producing Formation		Top CU/Gas Pay		Tubing Depth			
	Paddock		5130'		5299'			
Perforations					65'-70'		Depth Casing Shoe	
5130'-39', 50'-53', 83'-95', 5217'-25', 40'-45', 54'-38',					6520'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17"	13-3/8"		299'		250			
11"	8-5/8"		2800'		1500			
8"	5-1/2"		6520'		500			
	2-3/8"		5299'					

#### 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
6-2-87	6-2-87	Pumping 1-1/2" Insert	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	20	20	-
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	24	105	60

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (plot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

Plugback - Deviation Survey Filed Previously

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