

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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
Marathon Oil Company
Address
P. O. Box 220, Hobbs, New Mexico
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)
Plug Paddock & recomplete in Wantz Abo.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name W. S. Marshall "B"	Well No. 9	Pool Name, including Formation Wantz Abo	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter 'K' ; 2310 Feet From The South Line and 1650 Feet From The West Line of Section 27 Township 21S Range 37E , NMPM, 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"/> Mobil Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 633, Midland, Texas				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Co.	Address (Give address to which approved copy of this form is to be sent) Box 1135, Eunice, New Mexico				
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 27	Twp. 21S	Rge. 37E	Is gas actually connected? When Yes 7-30-51

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepened <input checked="" type="checkbox"/>	Other <input type="checkbox"/>
Date Spudded 6-12-51	Date Compl. Ready to Prod. 4-18-69 (Wantz Abo)	Total Depth 7591'	P.B.T.D. 7130'			
Elevations (DF, RKB, RT, GR, etc.) RKB 3425'	Name of Producing Formation Wantz Abo	Top Oil/Gas Pay 6765	Tubing Depth 6704			
Perforations 6765, 6780, 6786, 6805, 6812, 6844, 6855, 6863, 6868, 6884, 6908, 6914, 6925, 6958, 6978, 6994, 7012, 7054, 7072, & 7086' w/1 JSPP			Depth Casing Shoe 7500'			
TUBING, CASING, AND CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
17"	13-3/8" - 48#		308'		300	
11"	8-5/8" - 32#		2800'		1200	
8"	5-1/2" - 17#		7500'		1100	
	2-3/8" - 4.7#		6704'			

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 4-18-69	Date of Test 4-30-69	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 80	Casing Pressure Pkr.	Choke Size 3/4"
Actual Prod. During Test 10	Oil-Bbls. 10	Water-Bbls. Trace	Gas-MCF 84.91

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

J. W. Young
(Signature)
Acting Area Supt.
(Title)

5-2-69

OIL CONSERVATION COMMISSION

APPROVED MAY 7 1969, 19

BY *James R. Ryan*

TITLE Geologist

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