

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PROMOTION OFFICE	
Operator	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Marathon Oil Company	
Address P.O. Box 2409, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion - Formerly GP & Tub Gas	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
William Turner	3	Wantz Abo	State, Federal or Fee Fee	
Location				
Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u>				
Line of Section <u>29</u> Township <u>21S</u> Range <u>37E</u> , NMPM, Lea County				

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 Corp.	P.O. Box 1910, 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)	
Getty Oil Company	P.O. Box 730, Hobbs, New Mexico 88240	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	J	29
	21S	37E
Is gas actually connected?	When	
yes	June 6, 1983	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X	X							X
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
1949	6/83	7912	7485'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
GR 3465'; KB 3476'	Wantz Abo	6794'	7065'					
Perforations	75, 76, 7104-07, 45-52 with 1 JSPF					Depth Casing Shoe		
6794-99, 6803-08, 23-26, 44-49, 72-76, 6955-58, 65-68, 72-78, 7050-62,						7911'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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)

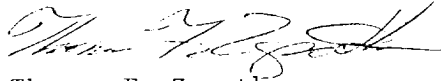
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
June 6, 1983	June 23, 1983	pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hour			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	2 BO	4 BW	

GAS WELL

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

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. Zaparka (Signature)
Production Engineer (Title)
June 27, 1983 (Date)

OIL CONSERVATION DIVISION

APPROVED JUN 30 1983, 19
BY JERRY SEXTON
DISTRICT SUPERVISOR
TITLE

This form is to be filled 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 Form C-104 must be filed for each pool in multiply recompleted wells.