

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

DISTRIBUTION			
FANTASY			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

I. 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)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mark Owen	Well No. 4	Pool Name, including Formation Wantz Abo	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>35</u> Township <u>21S</u> Range <u>37E</u> , NMPM, <u>Lea</u> 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"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 1137, Eunice, New Mexico 88231					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 35	Twp. 21S	Rge. 37E	Is gas actually connected? Yes	When 8-25-74

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	Deepen <input checked="" type="checkbox"/>	Plug Back	Same Res'v.	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded 7-24-74	Date Compl. Ready to Prod. 8-25-74		Total Depth 7434		P.B.T.D. 7435			
Elevations (DF, RKB, RT, GR, etc.) 3371' GL, 3384' KDB	Name of Producing Formation Wantz Abo		Top Oil/Gas Pay 6705		Tubing Depth 6440			
Perforations 6766', 86', 91', 6814', 18', 23', 30', 42', 83', 99', 6906', 13', 17', 74', 84', 98', 7019', 7102', 08', 94', 7211', 41', 48', 64', 66', 72', 74'					Depth Casing Shoe 7435			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
4 3/4"	4", 11#		6443' to 7435'		60 sx Class "H", Cement circulated.			
	2 3/8"		6434'					

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 8-18-74	Date of Test 8-26-74	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hour	Tubing Pressure 460	Casing Pressure Packer	Choke Size 24/64
Actual Prod. During Test 188	Oil-Bbls. 141	Water-Bbls. 47	Gas-MCF 832

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.

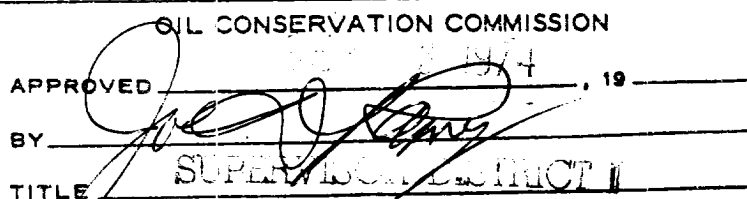
  
(Signature)

Petroleum Engineer

(Title)

August 30, 1974

(Date)

OIL CONSERVATION COMMISSION  
APPROVED  , 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE SUPERVISOR DISTRICT I

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.