Submit 5 Copies Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico argy, Minerals and Natural Resources Departm

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

<b>.</b>	T	OTRA	NSP	ORT OIL	AND NAT	URAL GA	\S	PI No.			
rator 30								025-24651			
Marathon Oil Company			. <u></u>				I				
P.O. Box 552, Midland, Tex	as, 7970	2				· /Dt · · · · · · · · · · · · · ·					
Reason(s) for Filing (Check proper box)		Thomas in	Transn	orter of:	Oun	r (Please expla	wi)				
New Well	Change in Transporter of: Oil Dry Gas										
Recompletion	Casinghead		Conde								
If change of operator give name	Oil and G	as Com	napny	/ - PO Bo	× 1610 –	Midland, T	x. 79702	Division o	f Atlantic	Richfield	
and address of previous operator											
L DESCRIPTION OF WELL AND LEASE Well No.   Pool Name, Include					ng Formation	<del></del>		Kind of Lease		esse No.	
Lease Name McDonald WN State	23 Jalmat Yates				o K.		State,	State, Federal or Fee A-2614		14	
Location				71		4000		,	NECT		
Unit Letter C	:660 Feet From The NO				RTH Line and 1980 Fee			et From The WEST Line			
Section 15 Township 22 SOUTH Range 36 EAST , NMPM, LEA County										County	
THE DESIGNATION OF TRANS	SPORTER	OF O	IL AN	ND NATU	RAL GAS						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil Or Condensate X Address (Give address to which approved copy of this form is to be sent)											
Koch Oil Co/Div Koch Ind. Inc P.O. Box 1558 - Breckenridge, Tx. 76024											
Name of Authorized Transporter of Casing Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589 - TULSA, OK 74102										
If well produces oil or liquids,	Unit Sec.		Twp. Rge.		Is gas actually connected?		When	When ?			
give location of tanks.	D	24	225	<del> </del>	<del></del>	YES	i	5-	-11–90		
If this production is commingled with that f	rom any othe	r lease or	pool, g	ive comming	ing order num	ber:		····			
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	· (X)		i_		İ	<u> </u>	<u>i</u>	l	<u> </u>	1	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casir	ng Shoe		
			<u> </u>	DIC AND	CENTENET	NC PECOE	<u> </u>	<u> </u>			
1101 5 0175	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
HOLE SIZE	ONOMO E POSITIONE										
					ļ			-	<del></del> -	<del>-</del>	
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLI	Ē							
OIL WELL (Test must be after n	covery of lol	ai volume	of load	d oil and mus	be equal to or	exceed top all	owable for the	s depth or be	for full 24 hou	ers.)	
Date First New Oil Run To Tank	Date of Tes	t			Producing M	ethod (Flow, p	ump, gas tyt, i	uc.)			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
Leagur or 1em	tuoing t researe							Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- Wiel			
GAS WELL	L										
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
	78				Casing Pressure (Shut-in)			Choke Size			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Fless	we (sau-12)					
VI. OPERATOR CERTIFIC	ATE OF	COMI	PLIA	NCE			VICEDI/	ΔΤΙΩΝΙ	DIVICIO	)N	
I hereby certify that the rules and regul	stions of the	Oil Conse	rvatios				VOLITY	AHON	DIVIOR	J14	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved			1777 7. 8 1933			
							- <del></del>				
1 homas mine					By_	ONGINAL SA	C 46/48/2	e iete <b>y s</b> e	X7:Dis		
Signature THOMAS M. PRICE ADV. ENG. TECH.											
Printed Name 3-18-93	Printed Name Title					Title					
Date		Tel	ephone	No.			<u>-,</u>				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.