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State of New Mexico
Energy, Minerals and Natural Resources Department

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Marathon Oil Company		Well API No. 30-025-25130
Address P. O. Box 552, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Add pay and downhole commingle Wantz
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Abo & Wantz Granite Wash.
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mark Owen	Well No. 7	Pool Name, Including Formation Wantz Abo & Granite Wash	Kind of Lease State, Federal or Fee	Lease No. --
Location				
Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u> Line				
Section <u>35</u> Township <u>21S</u> Range <u>37E</u> , 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"/> Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, TX 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Inc.	Address (Give address to which approved copy of this form is to be sent) Box 1137, Eunice, NM 88231					
If well produces oil or liquids, give location of tanks.	Unit <u>N</u>	Sec. <u>35</u>	Twsp. <u>21</u>	Rgs. <u>37</u>	Is gas actually connected? Yes	When?
If this production is commingled with that from any other lease or pool, give commingling order number: <u>DHC-764</u>						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod. 4-19-91	Total Depth 7427'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) KB 3378', GL 3367'	Name of Producing Formation Wantz Abo & Gran. Wash	Top Oil/Gas Pay 6833'-6632'	Tubing Depth 7352'					
Perforations Granite Wash 7346'-7366' (2 JSPF) Wantz Abo 6833'-7193' (2 JSPF) selectively	Depth Casing Shoe 7426'							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11"	8 5/8"	1251'	660					
7 3/8"	5 1/2"	7426'	2200					
	2 3/8"	7352'						

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 Tank 3-26-91	Date of Test 4-19-91	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 50 psig	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 74	Water - Bbls. 27	Gas - MCF 133

GAS WELL

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

VI. OPERATOR 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.

Carl A. Bagwell
Signature
Carl A. Bagwell, Engineering Technician
Printed Name
6-3-91 (915) 682-1626
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 12 1991
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR
Title

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.

JUN 06 1991

HOBBS OFFICE