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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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 2409, 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)
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mark Owen	Well No. 7	Pool Name, including Formation Wantz Abo	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter N : 660 Feet From The South Line and 2310 Feet From The West Line of Section 35 Township 21-S Range 37-E, 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 Company	Address (Give address to which approved copy of this form is to be sent) P.O. 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) P.O. Box 1137, Eunice, New Mexico 88231					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 35	Twp. 21-S	Rge. 37-E	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 <input checked="" type="checkbox"/>	Workover	Deepen	Res'ty.
Date Spudded 11-22-75	Date Compl. Ready to Prod. 7-3-76	Total Depth 7427'	P.B.T.D. 7396'			
Elevations (DF, RKB, RT, GR, etc.) GL 3367'; KDB 3378'	Name of Producing Formation Wantz Abo	Top Oil/Gas Pay 6833'	Tubing Depth 6319'			
Perforations 6833', 35', 48', 50', 52', 54', 56', 58', 60', 76', 78', 7104', 06', 42', 44', 76', 80', 98', 7200', 05', 07', 09', 16', 7218' w/ 1 JSPF (25 holes)		Depth Casing Shoe 7427'				
TUBING, CASING, AND CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
11"	8-5/8"	1252'	600 sx. Class "C"			
7-3/8"	5-1/2"	7427'	Stg.1:325 sx Lite; 500 sx Cl. "C"			
			Stg.2:1600 sx Lite; 100 sx. Cl. "C"			
	2-1/16"	6819'				

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 7-6-76	Date of Test 7-7-76	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 250 psi	Casing Pressure Packer	Choke Size 24/64"
Actual Prod. During Test	Oil-Bbls. 254.48	Water-Bbls. 81.03	Gas-MCF 596

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.

William D. Holmes
(Signature)

Associate Petroleum Engineer

(Title)

July 7, 1976

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

TITLE _____

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.