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

DISTRICT II P.O. Drawer DD, Astonia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources De, ment

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 III 1000 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	1	O TRA	NSP(ORT OIL	AND NA	TURAL GA	<u>s</u>				
Operator							i	Well API No. 30-025-25884			
Marathon Oil Company Address								30-023-23004			
P. O. Box 552, Midlan	d, Texa	as 79	702				·	···			
Reason(s) for Filing (Check proper box)		_	_		Oth	ex (Please expla	in)				
New Weli Recompletion	Oil	Change in	Transpo Dry Ga								
Change in Operator	Casinghead	l Gas ☐	Conden								
f change of operator give name											
and address of previous operator					· · · · · · · · · · · · · · · · · · ·			Ch. CCC 7	J 42+01-42	<u> </u>	
II. DESCRIPTION OF WELL			The of Mi	Indudi	ne Comption		Vind a	Lease	1.	sase No.	
Lesse Name McDonald State A/C 2	Well No. Pool Name, Includi						Rederal or Fee				
Location	l.				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-170000	3.27			······································	
Unit Letter H	:180	00	Foot Pro	om The	North	and	330 Fe	et From The	East	Line	
12 220 26E Ion									_		
Section 13 Township 22S Range 36E NMPM, Lea County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil ST or Condensate Address (Give address to which approved copy of this form is to be sent)											
Texas New Mexico Pipelifie Co.						P. O. Box 1510, Midland, TX 79701					
Name of Authorized Transporter of Casinghead Gas or Dry Gas Texaco, Prod. Inc.					Address (Give address to which approved copy of this form is to be sent) P. O. Box 3000, Tulsa, OK 74102						
Texaco Prod Inc. well produces oil or liquide, Unit Sec. Twp. Res					P. O. Box 3000, Tulsa, OK 74102 Is gas actually connected? When?						
give location of tanks.	sion of tenha				Yes						
If this production is commingled with that from any other lease or pool, give commingling order number:											
IV. COMPLETION DATA		γ			1					6:	
Designate Type of Completion -	- 000	Oil Well	(Gas Well	New Well	Workover	Deepen	Plug Back	Seme Resiv	Diff Res'v	
Date Spudded	Date Comp	I. Ready to	Prod.		Total Depth			P.B.T.D.			
12-20-90					6710'				63051		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
KB 3462'	Blinebry				5460'			Depth Casing Shoe			
Perforations Blinebry 5460'-5672' (selectively)						Sopial Canal State					
Billiebly 3400 -3072	CEMENTING RECORD										
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
		<u>_</u>									
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE		1					<u></u>	
OIL WELL (Test must be after re				oil and must	be equal to or	exceed top allo	wable for this	depth or be j	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.)										
12-22-90	1-16-91				Casing Press	Pump		Choke Size			
Length of Test	Tubing Pressure 45 psig										
24 hrs Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
	72				110				TSTM		
GAS WELL											
Actual Prod. Test - MCF/D	Length of	est			Bbls. Condes	sate/MMCF		Gravity of C	ondensate		
					Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Susa-in)			Carrie Ser				
	1 OF	CO) (T		···	·			1			
VL OPERATOR CERTIFIC				NCE		DIL CON	ISERV	ATION	DIVISIO	NC	
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.					Date	Approve	d				
Dag A Rasis						1 -					
CARL A. BAGNERC					∥ By_	,			 		
Signature Carl A. Bagwell, Eng	ineerir	a Tecl	nici	an							
Printed Name			Title		Title						
6 -19-91 Date	(915)	682-	1626 phone N	lo.	11						
			·		11						

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
- 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.