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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-101
Supersedes Old C-104 and C-105
Effective 1-1-65

I. Operator
Marathon Oil Company
Address
P.O. Box 2409 Hobbs, NM 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 McDonald State A/C 2 Well No. 29 Pool Name, Including Formation Drinkard Kind of Lease State, Federal or Fee State A-2614
Location
Unit Letter H : 330 Feet From The East Line and 1800 Feet From The North
Line of Section 13 Township 22-South Range 36-East , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipeline Company P.O. Box 1510, Midland, TX 79701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
Getty Oil Company P.O. Box 1137, Euncie, NM 88231
If well produces oil or liquids, give location of tanks. Unit D Sec. 13 Twp. 22S Rge. 36E Is gas actually connected? Yes When 4-20-78

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 X Gas Well New Well Workover Deepen Plug Back Same Res'r. Diff. Res'r.
Date Spudded 3-25-78 Date Compl. Ready to Prod. 4-7-78 Total Depth 6710' P.B.T.D. 6672'
Elevations (DF, RKB, RT, GR, etc.) 3462' KB Name of Producing Formation Drinkard Top Oil/Gas Pay 6485' Tubing Depth 6422'
Perforations 6485, 89, 98, 6502, 05, 09, 18, 40, 43, 71, 79, 6625, 29, 41, 45, 49, 53' Depth Casing Shoe 6710'
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
11" 8 5/8" 24# 1305 500
7 7/8" 5 1/2" 15.5# 6710 2595
2 3/8" 6422'

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 Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

GAS WELL
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MCF Gravity of Condensate
Testing Method (pilot, 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.
Michael R. Anderson
(Signature)
Production Engineer
(Title)
November 5, 1979
(Date)

OIL CONSERVATION COMMISSION
APPROVED NOV 8 1979, 19
BY Orig. Signed by Jerry Sexton
TITLE Dist 1, Supv.
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 deviated 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.
Separate Forms C-104 must be filed for each pool in multiple

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O.C.D. HOSS, OFFICE