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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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-105  
Effective 1-1-65

Operator Marathon Oil Company	
Address P.O. Box 2409 Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	
If change of ownership give name and address of previous owner	

I. DESCRIPTION OF WELL AND LEASE

Lease Name McDonald State A/C 2	Well No. 30	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Fee State	Lease No. A-2614
Location				
Unit Letter A ; 660 Feet From The North Line and 330 Feet From The East				
Line of Section 13 Township 22 South Range 36 East , NMPM, Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Getty Oil Company	P.O. Box 1137, Eunice, NM 88231				
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 13	Twp. 22S	Rge. 36E	Is gas actually connected? When
					Yes 7-28-78

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Some Rea. <input type="checkbox"/>	Diff. Rea. <input type="checkbox"/>
Date Spudded 6-6-78	Date Compl. Ready to Prod. 7-17-78	Total Depth 6758'		P.B.T.D. 6651'					
Elevations (DF, RKS, RT, CR, etc.) 3443' GL, 3454' KB	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6472'		Tubing Depth 6406'				
Perforations 6496, 6500, 04, 08, 15, 26, 37, 44, 52, 60, 66, 70, 91, 96, 6608, 16, 23, 38, 40'		TUBING, CASING, AND CEMENTING RECORD		Depth Casing Shoe 6758'					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"		8 5/8" 24#		1312'		425			
7 7/8"		5 1/2" 17#		6758' *		1900			
2 3/8"				6406					
* D.V. Tool at 2779'									

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/MMCF	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 D. Anderson  
(Signature)  
Production Engineer  
(Title)  
November 5, 1979  
(Date)

OIL CONSERVATION COMMISSION	
NOV 8 1979	
APPROVED	19
BY	Signed by Larry Sexton Dist. 1, Supp.
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 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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NOV - 7 1979

O.C.D. HOBBS. OFFICE