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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-11
Effective 1-1-65

Operator Marathon Oil Company	
Address P.O. Box 2409 Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

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. 32	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee State	Lease No. A-2614
Location				
Unit Letter B	Feet From The 660	North Line and 1650	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 checked="" 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. 22-S	Rge. 36-E	Is gas actually connected? Yes	When 8-6-78

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"/>	Same Res't. <input type="checkbox"/>	Diff. Res't. <input type="checkbox"/>
Date Spudded 8-15-78	Date Compl. Ready to Prod. 8-5-78		Total Depth 6750'		P.B.T.D. 6702'			
Elevations (DF, RKB, RT, GR, etc.) 3460' GL, 3471' KB	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6535'		Tubing Depth 6280'			
Perforations 6535, 45, 50, 54, 58, 60, 62, 64, 66, 71, 73, 75, 79, 99, 6601, 03, 27, 29					Depth Casing Shoe 6750'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 11"	CASING & TUBING SIZE 8 5/8" 24#		DEPTH SET 1310'		SACKS CEMENT 600			
7 7/8"	5 1/2" * 17#		6750'		2075			
	2 3/8"		6280'					
* D.V. Tool @ 3110'								

V. TEST DATA AND REQUEST FOR ALLOWABLE (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

APPROVED NOV 8 1979, 19____

BY Jerry Sexton
Orig. Signed by
Dist. 1, Supv.

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.
Separate Forms C-104 must be filled for each pool in multiple

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NOV - 7 1979

Q.C.D. HOBBS, OFFICE