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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-1
Effective 1-1-85

Operator Marathon Oil Company	
Address P. O. Box 2409, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change In Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input 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

THIS WELL HAS BEEN PLACED IN THE POOL
DETERMINED BELOW IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

I. DESCRIPTION OF WELL AND LEASE

Lease Name McDonald St. A/C 2	Well No. 33	Pool Name, Including Formation Blinbry Oil & Gas	Kind of Lease State, Federal or Fee State	Lease No. A-2614
Location Unit Letter I : 330 Feet From The East Line and 2160 Feet From The South Line of Section 13 Township 22S Range 36E, NMPM, Lea County				

I. 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 Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510, Midland, TX 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Getty Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1137, Eunice, NM 88231
If well produces oil or liquids, give location of tanks.	Unit : I Sec. : 13 Twp. : 22S Rge. : 36E Is gas actually connected? Yes When : October 20, 1982

If this production is commingled with that from any other lease or pool, give commingling order number: Not available

II. 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 Rea'n. <input type="checkbox"/> Diff. Rea'n. <input type="checkbox"/>		
Date Spudded	Date Compl. Ready to Prod. October 20, 1982	Total Depth 6750'	P.B.T.D. 6018'
Elevations (DF, RKB, RT, GR, etc.) 3446' GL 3457' KB	Name of Producing Formation Blinbry	Top Oil/Gas Pay 5484'	Tubing Depth 5485'
Perforations 5484, 86, 96, 98, 5504, 06, 10, 21, 5556, 66, 68, 5572, 76, 5606, 08, 12,	16, 27, 29.		Depth Casing Shoe 6750'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8" 32#	1300'	800 sx
8-3/4"	7" 23#	4724'	500 sx
6-1/4"	4-1/2" 10.5#	6750'	450 sx

III. 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)

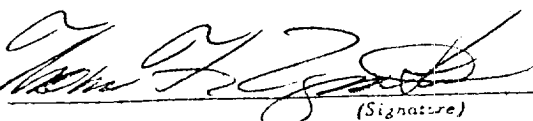
Date First New Oil Run To Tanks October 20, 1982	Date of Test October 20, 1982	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 36	Water-Bbls. 276	Gcs-MCF 350

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

IV. 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.


(Signature)

Production Engineer

(Title)

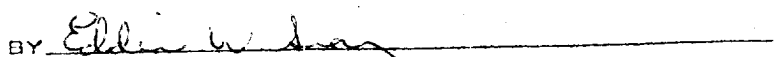
October 28, 1982

(Date)

OIL CONSERVATION COMMISSION

NOV 4 1982

APPROVED _____, 19__

BY 

TITLE OIL & GAS INSPECTOR

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 changes of condition.

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

RECEIVED

NOV 3 1982

S.C.D.
HOMES OFFICE