

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501Form C-104  
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
DATE	
FILE	
U.S.D.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. **Operator**  
Marathon Oil Company

**Address**  
P. O. Box 552, Midland, Texas 79702

**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 \_\_\_\_\_

## 2. DESCRIPTION OF WELL AND LEASE

Lease Name W. S. Marshall "B"	Well No. 10	Pool Name, Including Formation Blinbry Oil and Gas	Kind of Lease State, Federal or Fee	Lease Fee
Location Unit Letter <u>M</u> ; <u>634</u> Feet From The <u>South</u> Line and <u>632</u> Feet From The <u>West</u> Line of Section <u>27</u> Township <u>21-S</u> Range <u>37-E</u> , NMPM, Lea Cour				

## 3. 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 Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1137, Eunice, New Mexico 88231					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 27	Twp. 21-S	Rge. 37-E	Is gas actually connected? yes	When May 12, 1987

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

## 4. 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'v. <input type="checkbox"/>	Diff. R. <input type="checkbox"/>
Date Spudded 3-5-87	Date Compl. Ready to Prod.		Total Depth 7600'		P.B.T.D. 7548'			
Elevations (DF, RAB, RT, GR, etc.) GL: 3419' KB: 3432.6'	Name of Producing Formation Blinbry Oil and Gas		Top Oil/Gas Pay 5604'		Tubing Depth 5548'			
Perforations 5604', 19', 43', 51', 65', 75', 86', 5719', 26', 44', 55', 97', 5801', 13', 60', 70', 81', 5896' (1 JSPF - 18 holes)					Depth Casing Shoe 7600'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" 24#		1200'		400 sx Lite & 250 sx			
7-7/8"	5-1/2" 15.5 & 17#		7600'		900 sx 50:50 POZ, 210			
					sx Lite and 100 sx			
	2-1/16"		5548'		Cl. "H"			

## 5. 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 4-27-87	Date of Test 5-14-87	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 250	Casing Pressure 250	Choke Size 16/64"
Actual Prod. During Test 24 hours	Oil - Bbls. 108	Water - Bbls. 60	Gas - MCF 208

## 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

## 6. CERTIFICATE OF COMPLIANCE

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.

Engineer

(Title)

May 19, 1987

(Date)

## OIL CONSERVATION DIVISION

APPROVED MAY 27 1987, 19BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

RECEIVED

MAY 22 1997

OCD  
HOBBS OFFICE