

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78REQUEST FOR ALLOWABLE  
AND

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.

|  |   |
|--|---|
| Operator<br>Marathon Oil Company                                     |   |
| Address<br>P. O. Box 552, Midland, Texas 79702                       |   |
| Reason(s) for filing (Check proper box)                              |   |
| New Well <input checked="" type="checkbox"/>                         | Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Recompletion <input type="checkbox"/>                                | Other (Please explain)<br>Request 1000 Bbl. test allowable<br>May 1987  |
| Change in Ownership <input type="checkbox"/>                         |   |
| If change of ownership give name and address of previous owner _____ |   |

## 2. DESCRIPTION OF WELL AND LEASE

|   |                |  |  |       |
|---|----------------|--|--|-------|
| Lease Name<br>W. S. Marshall "B"  | Well No.<br>10 | Pool Name, Including Formation<br>Blinebry | Kind of Lease<br>State, Federal or Fee Fee | Lease |
| Location<br>Unit Letter M : 634 Feet From The South Line and 632 Feet From The West<br>Line of Section 27 Township 21-S Range 37-E , NMPM, Lea Cou. |                |  |  |       |

## 3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |
|---|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Texas-New Mexico Pipeline Company | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 1510, Midland, Texas 79702 |
| 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)   |
| If well produces oil or liquids, give location of tanks.  | Unit Sec. Twp. Rge. Is gas actually connected? When<br>K 27 21-S 37-E  |

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                    | Gas Well        | New Well     | Workover | Deepen | Plug Back | Same Res'v. | Diff. R. |
| Date Spudded                         | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.     |          |        |           |             |          |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |          |        |           |             |          |
| Perforations                         | Depth Casing Shoe           |                 |              |          |        |           |             |          |
| TUBING, CASING, AND CEMENTING RECORD |                             |                 |              |          |        |           |             |          |
| HOLE SIZE                            | CASING & TUBING SIZE        | DEPTH SET       | SACKS CEMENT |          |        |           |             |          |
|                                      |                             |                 |              |          |        |           |             |          |
|                                      |                             |                 |              |          |        |           |             |          |
|                                      |                             |                 |              |          |        |           |             |          |

## 5. 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 of well 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            |

## CERTIFICATE OF COMPLIANCE

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

May 1, 1987

(Signature)

(Title)

(Date)

## OIL CONSERVATION DIVISION

APPROVED MAY 6 1987, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I SUPERVISOR

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 filled for each pool in multi-completed wells.

RECEIVED  
MAY 5 1987  
OCD  
HOBBS OFFICE