

Submit _____
Approve _____ at Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Marathon Oil Company		Well API No. 30-025-31142
Address P.O. Box 552, Midland, TX 79702		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator _____		

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 1-1-92
UNLESS AN EXCEPTION TO R-4076
IS OBTAINED.

II. DESCRIPTION OF WELL AND LEASE

Lease Name McDonald St. A/C "1"	Well No. 39	Pool Name, Including Formation S.Eunice (Seven Rivers Queen)	Kind of Lease (State) Federal or Fee	Lease No. A-2614
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>16</u> Township <u>22-S</u> Range <u>36-E</u> , <u>NMPM</u> Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texaco Trading & Transportation, Inc.	Address (Give address to which approved copy of this form is to be sent) Two Greenspoint Plaza, Ste 600 16825 North Chase Blvd, Houston, TX 77060					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Contract negotiations currently underway	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 G	Sec. 16	Twp. 22	Rge. 36	Is gas actually connected? No	When ?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5/14/91	Date Compl. Ready to Prod. 9/12/91		Total Depth 4000'		P.B.T.D. 3970'			
Elevations (DF, RKB, RT, GR, etc.) 3558' GR	Name of Producing Formation Seven Rivers Queen		Top Oil/Gas Pay 3732'		Tubing Depth 3730'			
Performances 3732' - 3906' (272 holes)					Depth Casing Shoe 4000'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		450'		350sx Circ'd 114sx			
7 7/8"	5 1/2"		4000'		1310sx Circ'd 48sx			
5 1/2"	2 7/8"		3730'		-			

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 Tank 9/19/91	Date of Test 9/21/91	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 50	Casing Pressure 50	Choke Size
Actual Prod. During Test	Oil - Bbls. 14	Water - Bbls. 300	Gas- MCF 30

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pot., back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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.

Carl A. Bagwell
Signature
Carl A. Bagwell Engineering Tech.
Printed Name
10/21/91
Date
915/687-8329
Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
By Paul Kautz
Geologist
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.