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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 HOBBS OFFICE O. C. C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
DEC 6 11 28 AM '66

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Marathon Oil Company
Address
P. O. Box 220, Hobbs, New Mexico
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

II. DESCRIPTION OF WELL AND LEASE
Lease Name L. G. Warlick "C" Well No. 6 Pool Name, Including Formation Drinkard Kind of Lease State, Federal or Fee Fee
Location
Unit Letter J, 1650 Feet From The South Line and 2140 Feet From The East
Line of Section 15, Township 21S Range 37E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Shell Pipe Line Corp. Box 1910, Midland, Texas
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
Skelly Oil Co. Box 1135, Eunice, New Mexico
If well produces oil or liquids, give location of tanks. Unit P Sec. 15 Twp. 21S Rge. 37E Is gas actually connected? Yes When October 1950

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 ☒ Gas Well ☐ New Well ☐ Workover ☒ Deepen ☐ Plug Back ☐ Some Back ☐ Diff. Res'v. ☐
Date Spudded 10-29-50 Date Compl. Ready to Prod. 12-1-66 Total Depth 7847' P.B.T.D. 6733'
Pool Drinkard Name of Producing Formation Drinkard Top Oil/Gas Pay 6529 Tubing Depth 6654
Perforations 6529-30, 6539-40, 6555-56, 6571-72, 6592-93, 6621-22, & 6628-29' Depth Casing Shoe 7700'

TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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 Tanks 12-1-66 Date of Test 12-1-66 Producing Method (Flow, pump, gas lift, etc.) Pump
Length of Test 24 hrs. Tubing Pressure 0 Casing Pressure 40# Choke Size Open
Actual Prod. During Test 60.23 Oil - Bbls. 50.10 Water - Bbls. 10.13 Gas - MCF 186.69

GAS WELL
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure 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.
Area Supt. 12-1-66
OIL CONSERVATION COMMISSION
APPROVED BY 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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.