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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
OIL AND NATURAL GAS  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
MAR 22 1 12 PM '67

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 88240	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	
Other (Please explain) This well on same producing unit as L. G. Warlick "C" Well No. 2. Request combined allowable for Wells No. 2 & 7 from the Drinkard Pool.	
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. 7	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee	Fee
Location Unit Letter 0 ; 405 Feet From The South Line and 2310 Feet From The East Line of Section 15 , Township 21-S Range 37-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, Texas				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1135, Eunice, New Mexico				
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 15	Twp. 21-S	Rge. 37-E	Is gas actually connected? When Yes October, 1950

If this production is commingled with that from any other lease or pool, give commingling order number: Adm. Order PC-214

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Restv. <input type="checkbox"/>	Diff. Restv. <input checked="" type="checkbox"/>
Date Spudded 2-13-51	Date Compl. Ready to Prod. 3-11-67		Total Depth 7690'		P.B.T.D. 6733'			
Pool Drinkard	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6517'		Tubing Depth 6595'			
Perforations 6517-18, 6532-33, 6565-66, 6588-89, & 6598-99					Depth Casing Shoe 7688'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17½	13-3/8		305		300			
11	8-5/8		2802		1300			
7-7/8	5-1/2		7688		1000			
	2-3/8		6595					

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 3-17-67	Date of Test 3-19-67	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 450	Casing Pressure 925	Choke Size 3/16
Actual Prod. During Test 62.10	Oil-Bbls. 62.10	Water-Bbls. 0	Gas-MCF 119.85

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.

  
(Signature)

Area Supt.

(Title)

March 21, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

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.