

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISS  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator Marathon Oil Company	
Address P.O. Box 220, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

Lease Name L. G. Warlick "C"		Well No. 10	Pool Name, Including Formation Blinebry Oil	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location						
Unit Letter	J	1725	Feet From The	South	Line and	2149
Line of Section		15	Township	21S	Range	37E
					NMPM,	Lea
						County

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Shell Pipe Line		P.O. Box 1910, Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Skelly Oil Co.		P.O. Box 1135, Eunice, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 15	Twp. 21S
			Rge. 37E
			Is gas actually connected?
			Yes
			When 12-1-67

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
		x					x		x
Date <del>XXXX</del> Workover Began 11-2-67	Date Compl. Ready to Prod. 12-12-67	Total Depth 7670'		P.B.T.D. 5981'					
Elevations (DF, RKB, RT, GR, etc.) DF 3435	Name of Producing Formation Blinebry Oil	Top Oil/Gas Pay 5747'		Tubing Depth 5829'					
Perforations 5747, 5748½, 5750, 5753, 5763, 5771, 5775, 5791, and 5795' w/2spf		Depth Casing Shoe 7665'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
		2-3/8" Tubing		5829'					

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 12-1-67	Date of Test 12-12-67	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure ---	Casing Pressure 20 psi	Choke Size ---
Actual Prod. During Test 53.10	Oil - Bbls. 33.33	Water - Bbls. 19.77	Gas - MCF 55.6

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)
	Casing Pressure (Shut-in)
	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19____	
C. A. Hildon Jr. (Signature)		BY _____	
Area Supt. (Title)		TITLE _____	
12-14-67		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 only Sections I, II, III, and VI for changes of owner, transporter, or other such change of condition.	