

TO BE FILLED BY THE
DISTRICT OFFICE
DATE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PROBATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND

Form O-104
 Supersedes OI 0-104 and OI 0-105
 Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator: Marathon Oil Company

Address: P. O. Box 2409, Hobbs, New Mexico 88240

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): Previously Christmas "C", Well No. 1

If change of ownership give name and address of previous owner: Shell Oil Company

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>South Eunice (Seven Rivers, Queen) Unit</u>	Well No. <u>301</u>	Pool Name, including Formation <u>Eunice (Seven Rivers, Queen)</u>	South	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>F</u> ; <u>2310</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u>						
Line of Section <u>26</u> Township <u>22-S</u> Range <u>36-E</u> , NMPM, <u>Lea</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Texas-New Mexico Pipe Line Company</u>	<u>P. O. Box 1510, Midland, Texas 79701</u>
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)
<u>GPM Gas Corporation</u> <u>Phillips Petroleum Company</u>	<u>Box 66, Oil Center, New Mexico 88266</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>F 26 22S 36E Yes 5-12-58</u>

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	Same Res'v.	Diff. Res'v.
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		

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	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 (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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.

E. R. Hill
 (Signature)
 Area Superintendent
 (Title)
 November 27, 1971
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY Joe D. Lacey
 Dist. I, Supv.
 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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.