	<b></b>	_		
	Dirtia articula An istration			
			CONVERVATION CONSESSION	Form 0+104 Supersesses Old C+106 sing 0+1
	0 3.0.3. LENG OFFICE	AUTHORIZATION TO TR.	AND AM5 (ORT OIL AND NATURAL	Etfective 1-1-65 GAS
	TRANSPORTER OIL GAS			
1.	OPERATOR PROHATION OFFICE Operator			
	Marathon Oil Company			
	P. O. Box 2409, Hobbs, New Mexico 88240 Resser(s) for filing (Check proper box)			
	New Well	Change in Transporter of:	Other (Please explain) Previously McDo	onald State A/c 1-B
	Recompletion Change in Ownership	Oil Dry Go Casinghead Gas Conde		
	If change of ownership give name and address of previous owner			
17.	DESCRIPTION OF WELL AND Lease Name South Eunice	LEASE Well No.; Pool Name, Including F	Compution Kind of Lea	ise Lease No.
	(Seven Rivers, Queen) Unit 418 South Eunice (Seven Rivers State, Federal or Fee State A-2614			
	Unit Letter D; 66	DFeet From TheNorthLir	Queen) ne and <u>660</u> Feet From	The West
	Line of Section 36 To	winship 22S Range	36Е , ммрм,	Lea County
III.	DESIGNATION OF TRANSPOR			
	Notice of Authorized Transporter of Oil X       or Condensate Address (Give address to which approved copy of this form is to be sent)         Texas-New Mexico Pipe Line Company       Box 1510, Midland, Texas 79701			
	Name of Authorized Treasorer of Casinghead Gas at Dry Gas Address (Give address to which approved copy of this form is to be sent)			
	Phillips Petroleum Com	Unit Sec. Twp. Rge.	Is gas actually connected?	lew Mexico 88266
	give location of tanks.	<u>G</u> 35 228 36E	Yes	8-18-61
IV.	f this production is commingled with that from any other lease or pool, give commingling order number:			
	Designate Type of Completio		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Date Spuddod	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Tep Cil/Gas Pay	Tubing Depth
	Perforations Depth Casing Shoe			
		Y	D CEMENTING RECORD	····
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V.	TEST DATA AND REQUEST F	CRALLOWABLE (Test must be a	fter recovery of total values of load of	
•••	If EST DATA AND REQUEST FOR ALLOWABLE       (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours)         Date First New Cil 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	Qil-Bbla,	Water-Bbis.	Gab-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		OIL CONSERVATION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information gives above is true and complete to the best of my knowledge and $5.8\%$ i		APPROVED Or	ig. Signed 1-7
			BYJer D. Ramey TITLEDist. I. Sarv.	
				compliance with RULE 1104.
	C.A. Hier		If this is a request for allo	weble for a newly drilled or deepened anied by a tabulation of the deviation
	(Signature) / C Area Superintendent		tests taken on the well in acco	ordance with RULE 111. ust be filled out completely for allow-
	(Tille) November 27, 1971		able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner,	

(Date)

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. • • •



DIL CONSERVATION COMM. HODE, N. M.