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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION
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

I. 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)
Oil storage facilities formerly Drinkard oil. Now utilized for Blinebry oil. Drinkard recompleted as dry gas.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name J. W. Grizzell	Well No. 1	Pool Name, Including Formation Drinkard /Blinebry Oil	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>5</u> Township <u>22South</u> Range <u>37East</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"/> Shell Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, Texas 79701					
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 88231					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 5	Twp. 22S	Rge. 37E	Is gas actually connected? Yes	When 11-6-50

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug	Refracture	Other
	X			X				X
Date Spudded 12-10-74	Date Compl. Ready to Prod. 2-16-75	Total Depth 6563'	P.B.T.D. 6465'					
Elevations (DF, RKB, RT, GR, etc.) G.L. 3431'	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5560'	Tubing Depth 5337'					
Perforations 5562,72,79,83,91,5602,11,17,29,48,67,79,88,5728,37,45,55,64,74,90,5807,21,33,38,53,59,66,77,93,99,5906 (31 holes)			Depth Casing Shoe 6465'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
OLD WELL - NO CHANGE IN CASING RECORD								
2 3/8"								
5337'								

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 12-14-74	Date of Test 2-22-75	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 240	Casing Pressure Packer	Choke Size 32/64
Actual Prod. During Test 18	Oil-Bbls. 16	Water-Bbls. 2	Gas-MCF 450

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.

Operations Superintendent

(Title)

March 5, 1975

(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 allowables 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.