

| | |
|------------------------|-----|
| NO. OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRORATION OFFICE | |

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-111
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)
**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 10/28/74
UNLESS AN EXCEPTION TO 8-4070
IS OBTAINED**

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | | |
|---|---------------|---|--|-----|-----------|
| Lease Name J. L. Muncy | Well No. 3 | Pool Name, including Formation Drinkard/Drinkard | Kind of Lease State, Federal or Fee | Fee | Lease No. |
| Location Unit Letter <u>N</u> : <u>330</u> Feet From The <u>South</u> Line and <u>1720</u> Feet From The <u>West</u> Line of Section <u>24</u> Township <u>22-S</u> Range <u>37-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"/> Texas-New Mexico Pipeline Company | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79701 | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company (high press) Warren Petroleum Company (Low press) | Address (Give address to which approved copy of this form is to be sent) 600 Bldg. of Southwest, Midland, Texas 79701 Box 1197, Eunice, New Mexico 88231 | |
| If well produces oil or liquids, give location of tanks. | Unit P | Sec. 24 |
| | Twp. 22S | Rge. 37E |
| | Is gas actually connected? <u>No</u> When | |

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 X | Gas Well | New Well | Workover | Deepen X | Plug Back | Same Res'v. | Diff. Res'v. X |
| Date Spudded 12-11-73 | Date Compl. Ready to Prod. 8-16-74 | Total Depth 7447' | | P.B.T.D. 6909' | | | | |
| Elevations (DF, RKB, RT, GR, etc.) DF 3329'; GL 3320' | Name of Producing Formation Drinkard | Top Oil/Gas Pay 6266' | | Tubing Depth 6229' | | | | |
| Perforations 6266, 6300, 08, 30, 61, 80, 97, 6408, 20, 25, 48, 56, 58, 63, 6642 6645, 51, 54, 63, 68, 71, 82, 86, 92, 6735, 39, 50, 57, 79, 86, 6802, 12, 21, 25 & 32 | Depth Casing Shoe 6955' | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| Old Well - No Change in Casing Record | 2 3/8" Tubing | | 6229' | | | | | |

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 8-14-74 | Date of Test 8-16-74 | Producing Method (Flow, pump, gas lift, etc.) Flowing | |
| Length of Test 24 hours | Tubing Pressure 525 | Casing Pressure Packer | Choke Size 20/64" |
| Actual Prod. During Test 11 Barrels | Oil-Bbls. 11 | Water-Bbls. Trace | Gas-MCF 765 |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, 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.

C. L. Hitt
(Signature)
Operations Superintendent
(Title)
August 26, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED 10/28/74, 19____
BY [Signature]
TITLE SUPERVISOR DISTRICT I

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.