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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-110
Effective 1-1-65

I. Operator
Marathon Oil Company
Address
P. O. Box 220, 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)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name J. L. Muncy	Well No. 4	Pool Name, including Formation Wildcat	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter H ; 1980 Feet From The North Line and 660 Feet From The East Line of Section 24 Township 22S Range 37E , NMPM, Lea 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 Pipe Line	Address (Give address to which approved copy of this form is to be sent) Box 1860, Midland, Texas			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Co. (low press.) El Paso Natural Gas Co. (high press.)	Address (Give address to which approved copy of this form is to be sent) Box 1197, Eunice, New Mexico 321 Pan American Bldg., Tulsa, Okla.			
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 24	Twp. 22S	Rge. 37E
Is gas actually connected?		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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded 8-21-67	Date Compl. Ready to Prod. 12-12-67	Total Depth 7510'	P.B.T.D. 6971'					
Elevations (DF, RKB, RT, GR, etc.) GR 3325'	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6423'	Tubing Depth 6958'					
Perforations 6423, 6433, 6476, 6483, 6513, 6627, 6643, 6672, 6698, 6853, 6858, 6882, 6911, 6923, and 6933'	Depth Casing Shoe 7117'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	9-5/8"	1399'	520					
9-7/8"	7"	7117'	1760					
	2-3/8"	6958'						

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 12-15-67	Date of Test 12-23-67	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 50	Casing Pressure 380	Choke Size ---
Actual Prod. During Test 140	Oil-Bbls. 140	Water-Bbls. 35	Gas-MCF 780.8

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.

Acting Area Supt.
(Signature)
(Title)

12-28-67

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 allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner.