Submit 5 Copies Appropriate District Office DÍSTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Azzec. NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. perator 30<u>-025-24943</u> Marathon Oil Company \ddress 79702 Box 552, Midland, TX Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: New Well Dry Gas Oil Recompletion = X Condensate Casinghead Gas Change in Operator if change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease No. Well No. Pool Name, Including Formation Dual) State, Federal or Fee Lease Name Drinkard/Granita 13 Lou Worthan Location North Line and 2080 _ Feet From The _ 330 Feet From The ___ Unit Letter 22S 37E NMPM Range 11 Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give agaress to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate ame of Authorized Fransporter of Oil X or Texas-New Mexico Pipeline Co. P. O. Box 1018, Eunice, NM 88231 Address (Give address to which approved copy of this form is to be sent) or Dry Gas Name of Authorized Transporter of Casinghead Gas X P. O. Box 1226, Jal, NM 88252 Sid Richardson Carbon & Gasoline Co. When? Rge. (Is gas actually connected? Twp. Unit Sec. If well produces oil or liquids, 8/5/75 C Yes 11 225 37E If this production is commingied with that from any other lease or pool, give comminging order number: IV. COMPLETION DATA Diff Res'v Plug Back | Same Res'v New Well | Workover Deepen Oil Well Gas Well Designate Type of Completion - (X) Total Depth P.B.T.D Date Compi. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Flevations (DF, RKB, RT, GR, etc.) Denth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE 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.) OIL WELL Producing Method (Flow. pump, gas lift, etc.) Date of Test Date First New Oil Run To Tank Choke Size Casing Pressure Tubing Pressure Length of Test Gas- MCF Water - Bbis. Oil - Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test - MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (puot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved _ AL THE STATE Signature Rod J. Prosceno , Operations Engineer

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

Date

3/18/92

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

915/682-1626

Telephone No.

3) Fill out only Sections I. II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

he filed for each root in multiply completed wells.