Submit 5 Cones Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Anesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

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 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

TO TO ANODOT	$\cap$	AND NATURAL GAS
	UIL	AND NATURAL GAS

					Well	API No.		
Operator Marathon Oil Company	7						1040	
Address	<u> </u>					30-025-2	24943	
P. O. Box 552, Midla		79702						
Reason(s) for Filing (Cneck proper box) New Well		hange in Ti	ansporter of:	Other (Please exp	lain)			
Recompletion	Oil	·	ry Gas					
Change in Operator	Casinghead	Gas 🔀 C	ondensate 📃					
If change of operator give name and address of previous operator		<b>.</b>			·			
II. DESCRIPTION OF WELL	AND LEAS	SE						
Lease Name	Ŵ	Vell No. 1 Po	ol Name, Includ	ding Formation ty		of Lease		ease No.
Lou Worthan		13	Drinkan	d/Granite Wash (1	Hat!)		<u> </u>	
Unit Letter C	. 330	E	at Emm The	North Line and 2080	) -	eet From The	West	Lin
	·					cerrien me		
Section 11 Townsh	ip 22S	Ra	inge 37E	, NMPM.	Lea			County
II. DESIGNATION OF TRAN	SPORTER	OF OIL	AND NATU	RAL GAS				
Name of Authonzed Transporter of Oil Texas-New Mexico Pip	Y	Condensate	;	Address (Give address to w				n1)
Name of Authonzed Transporter of Casin			Dry Gas	P. O. Box 1018, Address (Give agaress to vi				
Sid Richardson Carbo				P. O. Box 1226,				
If well produces oil or liquids, give location of tanks.	Unit Se			, is gas actually connected?	When			
f this production is commungled with that			225 37E	Yes	<u> </u>	8/5/75		
V. COMPLETION DATA		<b>  .</b> .	, g. e continuç			· · · ·		
Designate Type of Completion		Dil Well	Gas Well	New Well   Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded			<u> </u>	Total Depth		I P.B.T.D.	I	
	Date Compl. P	Ready to Pro	xd.					
	Date Compl. P	Ready to Pro	xd.					<u> </u>
•	Name of Produ			Top Oil/Gas Pay		Tubing Dep:	<u></u>	
Elevations (DF, RKB. RT. GR. etc.)	· · · · · · · · · · · · · · · · · · ·							
Elevations (DF, RKB. RT. GR. etc.)	Name of Produ	ucing Forma	Lion	Top Oil/Gas Pay		Tubing Dep:		
Elevations (DF, RKB. RT. GR. etc.)	Name of Produ	ucing Forma	шоп ASING AND	Top Oil/Gas Pay	D	Tubing Dept Depth Casin	g Shoe	
Elevations (DF, RKB. RT. GR. etc.)	Name of Produ	ucing Forma	шоп ASING AND	Top Oil/Gas Pay	D	Tubing Dept Depth Casin		ENT
Elevations (DF, RKB. RT. GR. etc.)	Name of Produ	ucing Forma	шоп ASING AND	Top Oil/Gas Pay	D	Tubing Dept Depth Casin	g Shoe	ENT
Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	ucing Forma	шоп ASING AND	Top Oil/Gas Pay	D	Tubing Dept Depth Casin	g Shoe	ENT
Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE	Name of Produ TUE CASIN	BING, CA	LLION ASING AND IG SIZE	Top Oil/Gas Pay	D	Tubing Dept Depth Casin	g Shoe	
Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE . TEST DATA AND REQUES IL WELL Test must be after r	Name of Produ TUI CASIN TFOR ALL ecovery of total	BING, CA G & TUBIN	LE	Top Oil/Gas Pay CEMENTING RECOR DEPTH SET be equal to or exceed top allo	wable for this	Tubing Dept Depth Casin S deptn or de fa	g Shoe	
Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE . TEST DATA AND REQUES IL WELL Test must be after r	Name of Produ TUE CASIN	BING, CA G & TUBIN	LE	Top Oil/Gas Pay CEMENTING RECOR DEPTH SET	wable for this	Tubing Dept Depth Casin S deptn or de fa	g Shoe	
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with Rule 111.

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

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