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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATOR 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-11
Effective 1-1-65

WANTZ GRANITE WASH

I.

Operator Marathon Oil Company	
Address P. O. Box 2409, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) And permission to temporarily commingle with Drinkard.	

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE. R-5102

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lou Worthan	Well No. 13	Pool Name, including Formation Wantz Granite Wash	Kind of Lease State, Federal or Fee	Fee	Lease No. ---
Location					
Unit Letter C ; 330 Feet From The North Line and 2080 Feet From The West					
Line of Section 11 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 Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 79701				
Name of Authorized Transporter of Casinghead Gas <input checked="" 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) Box 1135, Eunice, New Mexico 88231				
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 11	Twp. 22S	Rge. 37E	Is gas actually connected? When Yes 5-25-75

If this production is commingled with that from any other lease or pool, give commingling order number:

EFFECTIVE JANUARY 31, 1977.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>
Date Spudded 4-17-75	Date Compl. Ready to Prod. 7-1-75	Total Depth 7390'			P.B.T.D. 7360'	
Elevations (DF, RKB, RT, GR, etc.) GL 3362'; KDB 3374'	Name of Producing Formation Wantz Granite Wash		Top Oil/Gas Pay 7115'		Tubing Depth 7069'	
Perforations Wantz Granite Wash 7115,17,22,35,37,39,43,45,47,79,85,87,89,91,97,99,7201,11		Depth Casing Shoe 7390				
TUBING, CASING, AND CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
11"	8 5/8"		1265'		675 sx Class C	
7 7/8"	4 1/2"		7390'		1300 sx Class C	
	2 3/8" tubing		7069'			

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)

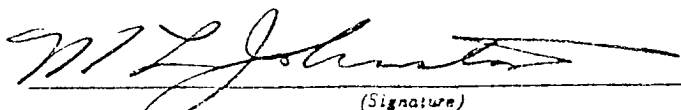
Date First New Oil Run To Tanks 5-25-75	Date of Test 7-18-75	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hour	Tubing Pressure 1525 psig	Casing Pressure packer	Choke Size 15/64"
Actual Prod. During Test	Oil-Bbls. 83	Water-Bbls. 2	Gas-MCF 1608

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



Petroleum Engineer

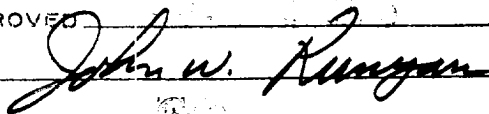
(Signature)

(Title)

July 25, 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 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.