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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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

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)	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Walter Lynch	Well No. 6	Pool Name, Including Formation Wantz Granite Wash	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter F ; 2310 Feet From The North Line and 1980 Feet From The West				
Line of Section 1 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 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 114, Eunice, New Mexico 88231	
If well produces oil or liquids, give location of tanks. center NW1/4	Unit Sec. Twp. Rge. 1 22S 37E	Is gas actually connected? When YES 1-5-76

If this production is commingled with that from any other lease or pool, give commingling order number: **EFFECTIVE JANUARY 31, 1977, SKELLY OIL COMPANY MERGED INTO GIBBY OIL COMPANY.**

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"/>	TUBING, CASING, AND CEMENTING RECORD	
Date Spudded 10-28-75	Date Compl. Ready to Prod. 1-6-76	Total Depth 7491'	P.B.T.D. 7473'
Elevations (DF, RKB, RT, GR, etc.) GL 3353'; KDB 3364'	Name of Producing Formation Wantz Granite Wash	Top Oil/Gas Pay 7404'	Tubing Depth 7464'
Perforations 740 740			Depth Casing Shoe 7490'
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 9-5/8"	DEPTH SET 1251'	SACKS CEMENT 600 sx Class "C"
8-3/4"	7"	7491'	Stg 1: 350 sx lite + 700
			sx Class "C" 50/50 Poz.
			Stg 2: 2400 sx Class "C"

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)

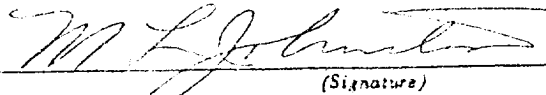
Date First New Oil Run To Tanks 12-5-75	Date of Test 1-8-76	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hour	Tubing Pressure 30	Casing Pressure 30	Choke Size --
Actual Prod. During Test	Oil-Bbls. 64	Water-Bbls. 0	Gas-MCF 13.2

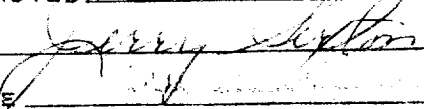
GAS WELL

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.

  
(Signature)  
Petroleum Engineer  
(Title)  
January 9, 1976  
(Date)

OIL CONSERVATION COMMISSION	
APPROVED	Jan 10 1976
BY	
TITLE	Assistant Secretary
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.	