

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	
PROMOTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Marathon Oil Company	
Address P. O. Box 552, Midland, Texas 79702	
Reasons for filing (Check proper box)	Other (Please explain)
☐ New Well ☒ Recompletion ☐ Change in Ownership	Change in Transporter of: ☐ Oil ☐ Gas ☐ Condensate Other: <i>Change in Ownership</i>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lou Worthan	Well No. 14	Pool Name, including Formation Tubb	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>A</u> <u>520</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>11</u> Township <u>22-S</u> Range <u>37-E</u> N.M.P.M. Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipeline Company	P.O. Box 1510, Midland, TX 79702
Name of Authorized Transporter of Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Getty Oil Company	P.O. Box 1137, Eunice New Mexico 88231
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
Unit <u>A</u> Sec. <u>11</u> Twp. <u>22-S</u> Rge. <u>37-E</u>	Yes July 29, 1987

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

OIL CONSERVATION DIVISION

APPROVED AUG 14 1987
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Engineer

August 7, 1987

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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
	X					X		X
Date Spudded 3-12-76	Date Compl. Ready to Prod. Recompl. 7-25-87		Total Depth 7540'		P.B.T.D. 6180'			
Elevations (DF, RKB, RT, GR, etc.), GR: 3350' KB: 3361'	Name of Producing Formation Tubb		Top Oil/Gas Pay 5880'		Tubing Depth 5507'			
Perforations 5788', 5800', 34', 46', 57', 66', 70', 77', 94', 5898' (2JSPD)					Depth Casing Shoe 7516'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8"		1265'		650			
8-3/4"	7"		7516'		2680			
	2-7/8"		5507'					

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 allow sale for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 7-25-87	Date of Test 8-5-87	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 20	Casing Pressure 20	Choke Size -
Actual Prod. During Test	Oil - Bbls. 14	Water - Bbls. 0	Gas - MCF 628

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (plug, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

AUG 14 1987
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