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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-11
Effective 1-1-65

I. Operator
Marathon Oil Company
Address
P. O. Box 2409, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change In Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lou Worthan	Well No. 15	Pool Name, indicating Formation Wantz Abo	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>G</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1860</u> Feet From The <u>East</u> Line of Section <u>11</u> Township <u>22S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510, Midland, Texas 79701						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) 1ST International Bldg. Suite 1800, Dallas, Tx						
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 11	Twp. 22S	Rge. 37E	Is gas actually connected? Yes	When February 1978	75270

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Perforations							Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, 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.

William R. Shuck
(Signature)
Production Engineer
(Title)
February 27, 1978
(Date)

NEW MEXICO OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY _____
TITLE _____
John R. Ryan
Geologist

This form is to be filed in compliance with RULE 110c.
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 change of owner, well name or number, or transporter, or other such change of condition.
Separate Form C-104 must be filed for each pool in multiply completed wells.

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MAR 1 1978

DE. CONSERVATION COMM.
HOBBS, N. M.