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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-111
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)	Other (Please explain)
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"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lou Worthan	Well No. 17	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter <u>E</u> : <u>2150</u> Feet From The <u>North</u> Line and <u>350</u> Feet From The <u>West</u>					
Line of Section <u>11</u> Township <u>22S</u> Range <u>37E</u> , NEPM, <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"/>	Address (Give address to which approved copy of this form is to be sent)						
Texas-New Mexico Pipeline Company	P. O. Box 1510, Midland, Texas 79701						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)						
Gas Company of New Mexico	1st International Bldg. Suite 1800, Dallas, Tx						
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 11	Twp. 22S	Pge. 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	Some Res'v.	Diff. Res'v.
		X	X					
Date Spudded 12-9-76	Date Compl. Ready to Prod. 3-6-77		Total Depth 7545'		P.B.T.D. 7169'			
Elevations (DF, RAB, RT, GR, etc., 3368' GR; 3382' KB	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6198'		Tubing Depth 6934'			
Perforations 6198, 6200, 02, 04, 06, 12, 17, 19, 21, 23, 25, 27, 29, 31, 33, 46, 56, 58, 60, 66, 68, 84, 86, 88	TUBING, CASING, AND CEMENTING RECORD				Depth Casing Shoe 7528'			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9 5/8"		1240'		375 sks Light, 300 sks C1 C			
8 3/4"	7"		7528'		1st Sg-800 sks C1 C			
					2nd Sg-1600 sks Light, 200 sks C1 C			
	2 3/8"		6934'		C1 C			

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 859	Length of Test 24 hour	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (piston, back pr.) Orifice Meter	Tubing Pressure (Shut-in) Packer	Casing Pressure (Shut-in) 790#	Choke Size 24/64"

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 P. Huck
(Signature)
Production Engineer
(Title)
February 27, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY John W. Rangan
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.
Separate Form C-104 must be filed for each pool in multiply completed wells.