

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

NO. OF DEEPENING PERMITS	
DISTRIBUTION	
STATE	
FILE	
U.S.D.A.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	
Operator	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Marathon Oil Company

Address  
P. O. Box 2409 Hobbs, NM 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

DESCRIPTION OF WELL AND LEASE

Lease Name South Eunice Unit	Well No. 434	Pool Name, Including Formation South Eunice (7-Rivers/Queen)	Kind of Lease State, Federal or Fee State	Lease No. A-2614
Location Unit Letter <u>D</u> ; <u>1310</u> Feet From The <u>North</u> Line and <u>1280</u> Feet From The <u>West</u> Line of Section <u>25</u> Township <u>22S</u> Range <u>36E</u> , NMPM, <u>Lea</u> County				

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) P. O. Box 1510 Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 66 Oil Center, NM 88266
If well produces oil or liquids, give location of tanks.	Unit <u>G</u> Sec. <u>35</u> Twp. <u>22S</u> Rge. <u>36E</u> Is gas actually connected? <u>Yes</u> When <u>5-18-84</u>

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

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"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 11-22-83	Date Compl. Ready to Prod. 5-18-84	Total Depth 3850	P.B.T.D. 3736
Elevations (DF, R&B, RT, GR, etc.) 3458 GR, 3470 KB	Name of Producing Formation 7 Rivers/Queen	Top Oil/Gas Pay 3695	Tubing Depth 3716
Perforations 3695-3711, 3716-3718, 3724-3730 (total 27 holes)	Depth Casing Shoe 3849		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	9 5/8 36#	390	225
8 3/4	5 1/2 15.5#	3849	1500

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 5-17-84	Date of Test 6-5-84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 186 bbl.	Oil-Bbls. 36	Water-Bbls. 150	Gas-MCF 1.3

GAS WELL

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

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 above is true and complete to the best of my knowledge and belief.



Thomas F. Zapatka  
(Signature)

Production Engineer  
(Title)

June 7, 1984  
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 11 1984, 19  
BY Eddie W. Seay  
Oil & Gas Inspector  
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.

RECEIVED  
JUN 11 1984  
O.C.D.  
HOBBS OFFICE

RECEIVED  
JUN 11 1984  
O.C.D.  
HOBBS OFFICE