

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

I. Operator
Marathon Oil Company

Address
P.O. Box 552, Midland, Texas 79702

Reason(s) for filing (Check proper box)

☒ New Well	Change in Transporter of:	Other (Please explain)
☐ Recompletion	☐ Oil	Request Temporary Test Allowable of 2,000 bbls of oil. <i>7/11/88</i>
☐ Change in Ownership	☐ Casinghead Gas ☐ Dry Gas ☐ Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lou Worthan	Well No. 20	Pool Name, including Formation Drinkard/Wantz Granite Wash	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location				
Unit Letter <u>F</u>	<u>2310</u> Feet From The <u>North</u> Line and <u>2000</u> Feet From The <u>West</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 ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline co.	P.O. Box 1510, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit <u>A</u> Sec. <u>11</u> Twp. <u>22S</u> Rge. <u>37E</u>
	Is gas actually connected? <u>No</u> When _____

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.

J. R. Jenkins
(Signature)
Hobbs Production Superintendent
(Title)
5/11/88
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 16 1988, 19____
BY JERRY SEXTON
TITLE DEPUTY SUPERVISOR

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 filled for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v
Date Spudded March 16, 1988	Date Compl. Ready to Prod. April 20, 1988	Total Depth 7565'			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.), GR 3355'	Name of Producing Formation Multiple GW	Top Oil/Gas Pay N/A			Tubing Depth N/A				
Perforations 7193'-7425'		OK'd by Kautz as Granite wash					Depth Casing Shoe 7558'		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	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

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MAY 13 1988
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