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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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-110
Effective 1-1-65

10-30-65

Operator Marathon Oil Company	
Address Box 220 Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name McDonald A/C 3 State	Well No. 1	Pool Name, including Formation Undesignated (Ellenburger)	Kind of Lease State, XXXXXXXXXX
Location			
Unit Letter 0	2080 Feet From The E Line and 560 Feet From The S		
Line of Section 32	Township 23S	Range 38E	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> McWood Corporation	Address (Give address to which approved copy of this form is to be sent) 306 V & J Tower Bldg., Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 0	Sec. 32	Twp. 23S	Rge. 38E	Is gas actually connected? no (flared)	When -

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-27-65	Date Compl. Ready to Prod. 10-2-65		Total Depth 12187'		P.H.T.D. 12180'			
Pool Undesignated	Name of Producing Formation Ellenburger		Top Oil/Gas Pay 12122'		Tubing Depth 12080'			
Perforations 12,122 - 135' & 12,144 - 171' (40 shots)					Depth Casing Shoe 12186'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		474'		520			
12-1/2"	9-5/8"		3795'		1200			
8-3/4"	5-1/2"		12186'		1460			

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)

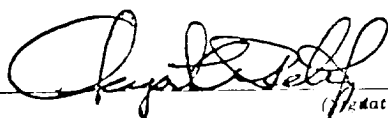
Date First New Oil Run To Tanks 10-2-65	Date of Test 10-4-65	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 21 hrs	Tubing Pressure 600#	Casing Pressure Packer	Choke Size 11/64"
Actual Prod. During Test 363.99 bbls.	Oil - Bbls. 363.99 bbls.	Water - Bbls. None	Gas - MCF 164.1

GAS WELL

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



Area Supt.

(Title)

10-5-65

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

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 Sections I, II, III, and VI only 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.