

STATE OF NEW MEXICO	
DEPARTMENT OF REVENUE	
TAXATION DIVISION	
LAND OFFICE	
TRANSPORTATION	
OPERATION	
REGISTRATION OFFICE	

STATE OF NEW MEXICO
P.O. BOX 1000
SANTA FE, NEW MEXICO 87401

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Marathon Oil Company	
Address P.O. Box 2659 Casper, WY 82602	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐	Casinghead Gas ☐ Condensate ☒
Change in Ownership ☐	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Apache	Well No. 10	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Foreign Federal	Lease No. Tribal #154
Location Unit Letter <u>B</u> : <u>1100</u> Feet From The <u>North</u> Line and <u>1550</u> Feet From The <u>East</u> Line of Section <u>27</u> Township <u>26N</u> Range <u>5W</u> N.M.P.M. Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1702, Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) 501 Airport Dr. Farmington, N.M. 87401
If well produces oil or liquids, give location of tanks. Unit <u>B</u> Sec. <u>27</u> Twp. <u>26N</u> Rge. <u>5W</u>	Is gas actually connected? <u>Yes</u> When <u>1967</u>

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 Restr.	Diff. Restr.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.S.T.D.			
Elevations (D.F., R.A.B., RT, CR, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Doyle L. Jones
District Operations Manager
April 1, 1985

OIL CONSERVATION DIVISION

APPROVED
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 logs taken on the well in accordance with RULE 111.
All portions of this form must be filled out completely for allowable on new and re-completed wells.
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