

OIL CONSERVATION DIVISION
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

EXPLORER	
LAND OFFER	
OPERATOR	
TRANSPORTER	
PRODUCTION OFFICE	

I. OPERATOR

Company: Marathon Oil Company

Address: P.O. Box 2659 Casper, WY 82602

Reasons for filing (check proper box):

New Well Change in Transporter of: Oil Dry Gas

Recompletion Gas/Steam Gas Condensate

Change in Ownership

Other (please explain): _____

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Jicarilla Apache</u>	Well No./Pool Name, including formation <u>11 Basin Dakota</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>Tribal #154</u>
Location Unit Letter <u>M</u> : <u>1040</u> Feet From The <u>South</u> Line and <u>800</u> Feet From The <u>West</u>	Line of Section <u>28</u> Township <u>26N</u> Range <u>5W</u> N.M.P.M. <u>Rio Arriba</u> County _____		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil _____	Address (give address to which approved copy of this form is to be sent) <u>P.O. Box 1702, Farmington, New Mexico 87401</u>
Name of Authorized Transporter of Gas/Steam Gas _____ or Dry Gas <u>X</u>	Address (give address to which approved copy of this form is to be sent) <u>501 Airport Dr. Farmington, N.M. 87401</u>
If well produces oil or liquids, give location of tanks. Unit <u>M</u> Sec. <u>28</u> Twp. <u>26N</u> Range <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	Same Reentry	Diff. Reentry
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RAS, RT, GR, 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, Lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

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OIL CONSERV. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Str. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back prod)	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
(Signature)

District Operations Manager
(Title)

April 1, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED _____
BY Frank J. Jones
TITLE SUPERVISOR DISTRICT #3

APR 03 1985

This form is to be filed in compliance with RULE 2-1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a calculation of the deviation tests taken on the well in accordance with RULE 2-111.
All sections of this form must be filled out completely for allowable on new and re-completed wells.
Fill out only sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.
District Form O-115 must be filed for each pool in multiply completed wells.