

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Marathon Oil Company	Well API No. 30-045-06306
Address P.O. Box 552, Midland, Texas, 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name BOLACK	Well No. 4	Pool Name, Including Formation UNDESIGNATED GALLUP	Kind of Lease State, Federal or Fee FEDERAL	Lease No. 054670
Location				
Unit Letter A	: 790	Feet From The NORTH	Line and 790	Feet From The EAST
Section 28	Township 27-N	Range 11-W	NMPM,	SAN JUAN
County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil GARY ENERGY CORP	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 115 INVERNESS DR EAST ENGLEWOOD CO 80112				
Name of Authorized Transporter of Casinghead Gas EL PASO	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P O BOX 1702 FARMINGTON NM 87401				
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 28	Twsp. 27-N	Rge. 11-W	Is gas actually connected? YES	When? 08-27-93

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 X	Gas Well	New Well	Workover X	Deepen	Plug Back X	Same Res'v	Diff Res'v
Date Spudded 08-02-93	Date Compl. Ready to Prod. 08-26-93		Total Depth 6658		P.B.T.D. 5880'			
Elevations (DF, RKB, RT, GR, etc.) GL: 6329' KB: 6341'	Name of Producing Formation GALLUP		Top Oil/Gas Pay 5569		Tubing Depth 5633'			
Perforations 5569-74, 5579-85, 5610-18, 5666-76, 5687-89, 5693-96					Depth Casing Shoes 4 1/2 @ 6656			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
NO CHANGE IN CASING	SEE ORIGINAL COMP		REPORT					
2 3/8" TBG								

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 Tank 08-28-93	Date of Test 09-04-93	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HR	Tubing Pressure 35	Casing Pressure 35	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 8	Water - Bbls. 0	Gas-MCF TSTM

GAS WELL

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

VI. OPERATOR 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 M. Price
Signature
THOMAS M. PRICE
Printed Name
9-09-93
Date
ADV. ENGIN. TECH.
Title
915/682-1626
Telephone No.

OIL CONSERVATION DIVISION

Date Approved
By Original signed by Thomas J. Chavez
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.