

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

LAND OFFICE	
TRANSPORTER	
OPERATION	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
REGULATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Company: Marathon Oil Company

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

Reason(s) for filing: (Check proper box)

New Well Change in Transporter of: Oil Dry Gas Other (Please explain)

Recompletion Casinghead Gas Condensate

Change in Ownership

If change of ownership give name and address of previous owner: Husky Oil Company, 6060 South Willow Drive, Englewood, Colorado 80111

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>Alice Bolack</u>	<u>14</u>	<u>Kutz Pictured Cliffs</u>	<u>SF 078872A</u>	
Location	State, Federal or Fee <u>Federal</u>			
Unit Letter <u>I</u>	<u>1650</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u>			
Line of Section <u>16</u>	Township <u>27N</u>	Range <u>11W</u>	N.M.P.M.	San Juan, County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Plateau, Incorporated</u>	<u>P.O. Box 489, Bloomfield, NM 87413</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso</u>	<u>P.O. Box 990, Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks.	Unit <u>I</u> Sec. <u>16</u> Twp. <u>27N</u> Rge. <u>11W</u> Is gas actually connected? <input type="checkbox"/> 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	Gas well	New well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RAS, 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/MMCF	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 J. [Signature]
District Operations Manager
June 28, 1984

OIL CONSERVATION DIVISION
JUL 12 1984

APPROVED _____, 19____
BY [Signature]
TITLE: SUPERVISOR DISTRICT # 3

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 OCS-104 must be filed for each pool in newly completed wells.