

OPERATOR	
PRODUCTION OFFICE	
OPERATION	
TRANSPORTER	
CASE	
LAND OFFICE	
WELL	
FILE	
TAXES	
PROPERTY	
GENERAL	

STATE OF NEW MEXICO
 DEPARTMENT OF ENERGY
 OIL AND GAS DIVISION
**REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

I. OPERATOR

Operator: Marathon Oil Company

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

Reasons for filing (check appropriate box):

New well Change in Transporter of: Oil Dry Gas

Recompletion Gaslogged Gas Condensate

Change in Ownership

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Schwendtfefer Well No.: 11 Pool Name, including formation: W. Kutz Pictured Cliffs Kind of Lease: SF 080352A Lease No.: _____

Location: _____ State: Federal or Fed. Federal

Unit Letter: I : 1650 Feet From The South Line and 990 Feet From The East

Line of Section: 17 Township: 27N Range: 11W County: San Juan

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 Gaslogged Gas or Dry Gas : El Paso Address (give address to which approved copy of this form is to be sent): P.O. Box 990, Farmington, NM 87403

If well produces oil or liquids, give location of tanks: Unit I, Sec. 17, Twp. 27N, Rge. 11W Is gas actually connected? When: _____

IV. COMPLETION DATA

If this production is commingled with that from any other lease or pool, give commingling order number: _____

Designate Type of Completion - (X)	Oil well	Gas well	New well	Workover	Deepen	Plug back	Same position	Unit	Ready
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.		Total Depth		Remarks				
Elevations (DF, RAS, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Testing 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 10% of total oil and must be equal to or exceed top allowable for this depth or cell for full depth)

Date First New Oil Run To Tanks: _____ Date of Test: _____ Producing Method (e.g., flow, pump, etc.): _____

Length of Test: _____ Tubing Pressure: _____ Casing Pressure: APR 03 1985

Actual Prod. During Test: _____ Oil - Bbls.: _____ Water - Bbls.: _____

RECEIVED
APR 03 1985
OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test (MCF/D): _____ Length of Test: _____ Bbls. Condensate (MCF): _____ Gravity of Condensate: _____

Testing Method (flow, back prod): _____ Tubing Pressure (psig-in): _____ Casing Pressure (psig-in): _____ Gate Val.: _____

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: Frank J. Jones **APR 03 1985**
 BY: _____
 TITLE: SUPERVISOR DISTRICT #3

This form is to be filed in compliance with N.M.C.S. 104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a declaration of the deviation from section on the well in accordance with N.M.C.S. 111.
 All sections of this form must be filled out completely for allowable to be calculated and reported.
 Full compliance with sections I, II, III, and VI for change of owner, well shut-in or abandonment, or other such change of condition, requires a new form to be filed for each pool in multiple completion wells.