

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

FORM 101
REVISED 10-1-79

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	
Marathon Oil Company	
Address P.O. Box 2659, Casper, Wyoming 82602	
Person(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Condensed Gas ☐ Condensate ☒
Recompletion ☐	Other (Please explain)
Change in Ownership ☐	

If change of ownership give name and address of previous owner

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OIL CON. DIV
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name Alice Bolack	Well No. <u>8</u> Pool Name, including Formation Kutz Pictured Cliffs	Kind of Lease SF 078872A State, Federal or Free Federal	Lease No.
Location Unit: Letter <u>I</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u>			
Line of Section <u>9</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 ☐ or Condensate ☒ Gary Energy Corporation	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 Condensed 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 87499
If well produces oil or liquids, give location of tanks. Unit <u>I</u> Sec. <u>9</u> Twp. <u>27N</u> Rge. <u>11W</u>	Is gas actually connected? ☐ 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 as prev. ☐ Diff. Rehy. ☐
Date Spudded	Date Compl. Ready to Prod.
Elevations (DF, RAS, RT, CR, etc.)	Name of Producing Formation
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
Actual Prod. During Test	Oil-Boils.	Water-Boils.
		Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Boils. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back prod)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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

February 11, 1985

OIL CONSERVATION DIVISION

APPROVED

MAR 06 1985

BY

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 calculation of the deviation test 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 C-104 must be filed for each pool in multiply completed wells.