

OIL CONSERVATION DIVISION

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

DISTRICT II
P.O. Drawer DD, Azusa, 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. 30-025-29014
Address P.O. Box 552, Midland, Texas, 79702		
Reason(s) for Filing (Check proper box)		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED FEB - 3 1994 OIL CON. DIV. </div>
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input 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 Schwerdtfeger "28"	Well No. 1	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee Federal	Lease No. SF-080382-A
Location				
Unit Letter L	1470	Feet From The South	Line and 1250	Feet From The West
Section 28	Township 27-North	Range 11-West	NMPM	San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Water pool # 2805042	
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)
El Paso Natural Gas 2805041	PO Box 4990 Farmington N M 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgn. Is gas actually connected? When?
	Yes 2-1-94

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 Res'v	Diff Res'v
		x	x					
Date Spudded 11-29-93	Date Compl. Ready to Prod. 1-27-94	Total Depth 2165		P.B.T.D. 2078				
Elevations (DF, RKB, RT, GR, etc.) GL:6282 KB:6294	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 1781		Tubing Depth SN @ 1837' / 1880'				
Perforations 1781-85, 1786-95, 1818-28 4 JSPF				Depth Casing Shoe 2165				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8", 24#, K-55		363		300 Sx, Circ 100 Sx			
7 7/8"	5 1/2", 15.5#, K-55		2165		440 Sx, Circ 95 Sx.			
	2 3/8"		SN @ 1837' / 1880'					

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	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 171	Length of Test 24 Hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 165	Casing Pressure (Shut-in) 175	Choke Size 32/64"

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.

R.A. Birenbaum
Signature
R.A. Birenbaum
Printed Name
2-2-94
Date
Operations Super
Title
915-682-1626
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **FEB - 9 1994**
By **Original Signed by CHARLES GHULSON**
Title **DEPUTY OIL & GAS INSPECTOR, DIST. #3**

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.