

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR	
Operator Marathon Oil Company	
Address P. O. Box 2659; Casper, WY 82602	
Reason(s) for filing (Check proper box)	
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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ohio Gov't	Well No. 2E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee NM	Lease No. 020498
Location				
Unit Letter L ; 1,685 Feet From The South Line and 955 Feet From The West				
Line of Section 15 Township 28N Range 11W , 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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Permian Corp. Permian (Eff. 9 / 1 /87)	P. O. Box 1702; Farmington, NM 87401					
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 Co.	P. O. Box 990; Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					NO	June, 1981

If this production is commingled with that from any other lease or pool, give commingling order number: **NONE**

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 8-7-80	Date Compl. Ready to Prod. 5-14-81		Total Depth 6,410'		P.B.T.D. 6,245'			
Elevations (DF, RAB, RT, GR, etc.) 5,625' GL, 5,635' KB	Name of Producing Formation Graneros - Dakota		Top Oil/Gas Pay 6,268'		Tubing Depth 6,041'			
Perforations All 2 spf, .34" Dia. Dakota 6,260'-6,268' (Isolated) Graneros 6,070'-6,076'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8"		562.50'		270			
8-3/4"	7"		1,958.14'		250			
6-1/4"	4-1/2"		6,405.92'		725			
	2-3/8"		6,041.00'					

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-Bbls.	Water-Bbls.

GAS WELL

Actual Prod. Test-MCF/D 161	Length of Test 24 hours	Bbls. Condensate/MMCF .0062	Gravity of Condensate 56.6°
Testing Method (pilot, back pr.) Orifice	Tubing Pressure (Shut-in) 205 psi	Casing Pressure (Shut-in) 365 psi	Choke Size 1/2"

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.**Dak O'Coyle**
(Signature)
District Operations Manager
(Title)**May 19, 1981**
(Date)OIL CONSERVATION DIVISION
JUN 1 - 1981
APPROVED _____, 19____
BY **Original Signed by FRANK T. CHAVEZ**
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 allow-
able 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 O-104 must be filed for each pool in multiply
completed wells.