

OIL CONSERVATION DIVISION

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

DISTRICT II
P.O. Drawer DD, Artesia, 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. 30-025-20031
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Address P.O. Box 552 Midland, TX 79702

Reason(s) for Filing (Check proper box)	<input type="checkbox"/> Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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 _____ THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Warn St. A/C 2	Well No. 11	Pool Name, including Formation Vacuum (Drinkard)	Kind of Lease State, Federal or Fee	Lease No. 874850
Location Unit Letter L : 1650 Feet From The South Line and 1910 Feet From The West Line Section 6 Township 18-S Range 35-E, NMPL, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 2528 Hobbs, NM 88241
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4001 Pernbrook Odessa, TX 79762
If well produces oil or liquids, give location of tanks.	Unit M Sec. 6 Twp. 18-S Rge. 35-E Is gas actually connected? yes When? 1963

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 08/15/92	Date Compl. Ready to Prod. 10/18/92	Total Depth 8799	P.B.T.D. 7805					
Elevations (DF, RKB, RT, GR, etc.) GL: 3981 KB: 3993	Name of Producing Formation Vacuum (Drinkard)	Top Oil/Gas Pay 7630	Tubing Depth 7540'					
Perforations 630-7790			Depth Casing Shoe 8797'					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	13-3/8"	360'	350
	8-5/8"	3400'	1500
	5-1/2"	8797'	1255
	2-3/8"	7540'	----

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 10/18/92	Date of Test 10/21/92	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 220	Casing Pressure PKR	Choke Size 16/64
Actual Prod. During Test	Oil - Bbls. 310	Water - Bbls. 20	Gas - MCF 315

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. 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.

Signature Thomas M. Price
THOMAS M. PRICE ADVANCED ENGINEERING TECH
Printed Name
10/19/92 Title
915/682-1626
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 22 '92
Signed by
By Paul Kautz
Geologist
Title

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.