

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

I. OPERATOR

Operator  
**Marathon Oil Company**

Address  
**P. O. Box 2409, Hobbs, New Mexico, 88240**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>W. S. Marshall "B"</b>	Well No. <b>8</b>	Pool Name, including Formation <b>Blinebry Oil &amp; Gas</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location				
Unit Letter <b>L</b>	<b>2310</b>	Feet From The <b>South</b>	Line and <b>400</b>	Feet From The <b>West</b>
Line of Section <b>27</b>	Township <b>21S</b>	Range <b>37E</b>	, NM-PM, <b>Lea</b> 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)
<b>Texas-New Mexico Pipeline Company</b>	<b>P. O. Box 1510, Midland, Texas, 79701</b>
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)
<b>Texaco Producing Inc.</b>	<b>P. O. Box 1137, Eunice, New Mexico, 88231</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <b>K</b> Sec. <b>27</b> Twp. <b>21S</b> Rge. <b>37E</b>	<b>Yes</b> <b>August 10, 1985</b>

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

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.
	<b>X</b>							<b>X</b>
Date Spudded <b>May 1950</b>	Date Compl. Ready to Prod. <b>1950</b>	Total Depth <b>7475'</b>	P.B.T.D. <b>7290'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>GR 3420, KB 3430</b>	Name of Producing Formation <b>Blinebry</b>	Top Oil/Gas Pay <b>5628</b>	Tubing Depth <b>5987'</b>					
Perforations <b>5628, 66, 94, 5707, 17, 28, 50, 76, 5825, 58, 88, 5902, 11, 20 w/1 JSPF</b>			Depth Casing Shoe <b>7475'</b>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

IV. 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 <b>August 4, 1985</b>	Date of Test <b>August 13, 1985</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>35</b>	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. <b>35</b>	Water-Bbls. <b>30</b>	Gas-MCF <b>111</b>

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

V. 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.

**Thomas F. Zapatka**

(Signature)

Production Engineer

(Title)

**August 14, 1985**

(Date)

OIL CONSERVATION DIVISION

**AUG 23 1985**

APPROVED \_\_\_\_\_, 19

BY **ORIGINAL SIGNED BY JERRY SEYON**  
DISTRICT SUPERVISOR

TITLE \_\_\_\_\_

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 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.