

OIL CONSERVATION DIVISION

P. O. BOX 7088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF WELLS REQUESTED	
DISTRICT	
COUNTY	
FILE	
WELL	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

Marathon Oil Company

Address  
P.O. Box 2409 Hobbs, NM 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

DESCRIPTION OF WELL AND LEASE

Lease Name <b>Lou Worthan</b>	Well No. <b>11</b>	Pool Name, including Formation <b>Drinkard</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease to
Location Unit Letter <b>F</b> : <b>1905</b> Feet From The <b>North</b> Line and <b>2055</b> Feet From The <b>West</b> Line of Section <b>11</b> Township <b>22S</b> Range <b>37E</b> , N.M.P.M. Lea County				

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)
<b>Texas-New Mexico Pipeline Company</b>	<b>P.O. Box 1510 Midland, TX 79701</b>
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)
<b>Southern Union Gathering Company</b>	<b>1800 1st National Bldg. Dallas, TX 75201</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <b>F</b> Sec. <b>11</b> Twp. <b>22S</b> Rge. <b>37E</b>	<b>Yes</b> <b>February 1978</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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 oilable 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	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-bbls.	Water-bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pt.)	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.

C. C. Saathoff  
Operations Superintendent

January 8, 1982

OIL CONSERVATION DIVISION

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

BY \_\_\_\_\_

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 10.1.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 11.1.

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 completion or number of transporters or other such changes of conditions. Separate forms shall be filed for each pool in month.