

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 SECTORS RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.E.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	
Operator	

I. **Marathon Oil Company**
Address
P.O. Box 2409 Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)
 New Well Change In Transporter of:
 Recombination Oil Dry Gas
 Change In Ownership Costinghead Gas Condensate

Other (Please explain)
Change well name to Lea Unit Well No. 12 and connect gas line.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lea Unit	Well No. 12	Pool Name, including Formation Lea Devonian	Kind of Lease State, Federal or Fee Federal	Lease No. NM05343
Location Unit Letter H : 1980 Feet From The North Line and 990 Feet From The East				
Line of Section 13 Township 20-S Range 34-E N.M.P.M. 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"/> Texas New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510 Midland, Texas 79702			
Name of Authorized Transporter of Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co. - Eunice Plant System	Address (Give address to which approved copy of this form is to be sent) 4001 Pennbrook Bldg. Odessa, TX 79762 EFFECTIVE: February 1, 1992			
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 12	Twp. 20S	Rge. 34E
	Is gas actually connected? Yes		When March 21, 1980	

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 Rest.	Diff. Rest.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RRB, RT, CR, 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

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Ralph M. McParrin
(Signature)
Production Engineer
March 26, 1980
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19__

BY **Gene Sexton**
TITLE **Dist. L. Supv.**

This form is to be filed in compliance with RULE 111.1.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate 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 conditions.
 Separate Form O-104 must be filed for each pool in multiple