NO. OF COPIES REC	EIVED		
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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
CDOCATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMI

SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11
FILE	1	AND Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS
LAND OFFICE	4		
TRANSPORTER OIL	_		
GAS			
PRORATION OFFICE			
Operator			····
Marathon Oil Comp	any		
	bba Nav Mariaa 882/0		
Reason(s) for filing (Check proper box	bbs, New Mexico 88240	Other (Please explain)	
New Well X	Change in Transporter of:		
Recompletion	Oil Dry Go	as X	
Change in Ownership	Casinghead Gas Conde	nsate	
If change of ownership give name and address of previous owner			
and addies of previous owner			
DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool Name, Including F	Kind of Leas State, Feder	of or See
Lou Worthan	13 Drinkard	State, reder	Fee Fee
Location	0 371	2000	IIo a t
Unit Letter C; 33	O Feet From The North Li	mort seet From UOUL bnn en	The West
	220 5	27th NIMON	Tea County
Line of Section 11 To	wnship 22S Range	37Е , ммрм,	Lea County
DECIENATION OF TRANSPOR	TER OF OIL AND NATURAL GA	48	
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)
Texas-New Mexico Pipe		Box 1510, Midland, Te	exas 79701
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas X	Address (Give address to which appro	oved copy of this form is to be sent)
El Paso Natural Gas Co		Box 1384, Jal New Mex	rico 88252
If well produces oil or liquids,	Unit Sec. Twp. P.ge.		hen
give location of tanks.	C 11 22S 37E	Мо	
If this production is commingled wi	th that from any other lease or pool,	give commingling order number:	•
COMPLETION DATA			Plug Back Same Res'v, Diff. Res'v.
Designate Type of Completi	on - (X)	The state of the s	Plug Back Same Ites (Sitt Ites)
	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.
Date Spudded	6-12-75	7390'	7360'
4-17-75	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Drinkard	6244'	7069'
GL 3362'; KDB 3374'			Depth Casing Shoe
Periodions Drinkard - 6244	, 46, 48, 66, 68, 70, 73 , 31, 33, 35, 39	2, 74, 65, 66, 95, 95,	7390'
0327	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8"	1265'	675 sx Class C
7-7/8"	4-1/2"	7390'	1300 sx Class C
	2-3/8" Tubing	7069 '	
TEST DATA AND REQUEST F			l and must be equal to or exceed top allow
OIL WELL	cote for this d	epth or be for full 24 hours) Producing Method (Flow, pump, gas	lift. etc.)
Date First New Oil Run To Tanks	Date of Test		
d 6-12-75	6-20-75	FIOW Casing Pressure	Choke Size
Length of Teat	Tubing Pressure	1300#	18/64"
4*	Casing Completion	Water-Bbls.	Gas+MCF
Actual Prod. During Test	2	0	244.5
		1	A STATE OF THE STA
CAR WELL			
GAS WELL Actual Prod. Tost-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shat-in)	Choke Size
CERTIFICATE OF COMPLIAN	CE	I OIL CONSERV	ATION COMMISSION
CERTIFICATE OF COMPLIAN	: OD		• · · ·
with the constant about the column and	regulations of the Oil Conserve for	APPROVES 1	, 19
Commission base complied	with and that the intermation X44	John	Kunyan
above is true and complete to th	e best of my knowledge and better	BY	#/

Petroleum Engineer

July 30, 1975

(Title)

(Date)

APPROVED	, 19	
$()$ \mathcal{U}	حدود والمعلم	
BY TOM	w Junyan	
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.