

OIL CONSERVATION DIVISION

P.O. BOX 1000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR	
Marathon Oil Company	
Address P.O. Box 2659, Casper, Wyoming 82602	
Responsible Party (Name, address, phone)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Condensate ☒
Recompletion ☐	Change in Ownership ☐
If change of ownership give name and address of previous owner	

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DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name Alice B. Black	Acct. No. / Well Name, including Formation 7 / Kutz Pictured Cliffs	Kind of Lease SF 078872A State, Federal or Foreign Federal	Lease No.
Location Unit Letter A, 990 Feet From The North Line and 990 Feet From The East Line of Section 9 Township 27N Range 11W NMPM San Juan County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Gary Energy Corporation	115 Inverness Dr. East Englewood, CO 80112
Name of Authorized Transporter of Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso	P.O. Box 990, Farmington, NM 87403
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
A 9 27N 11W	4/10

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 Resrv.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (BF, RAS, 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					

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 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 - MMCF

GAS WELL

Actual Prod. Test - MMCF/D	Length of Test	Brk. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, tank 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.

Doyle L. Jones

District Operations Manager

February 11, 1985

OIL CONSERVATION DIVISION

MAR 06 1985

APPROVED

BY

TITLE

SUPERVISOR DISTRICT 3

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 from the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and re-completed wells.

Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transportation or other such change of condition.

Testate Forms C-105 must be filed for each pool in multiple completed wells.