

OIL CONSERVATION DIVISION

P.O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

LAND OFFICE	
TRANSPORTER	
OPERATION	
PRODUCTION OFFICE	

Marathon Oil Company

Address

P.O. Box 2659, Casper, Wyoming 82602

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter oil

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☒

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ohio "F" Gov't	Well No. 1-A	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee Fed. NM	Lease No. 021126
Location Unit Letter C : 990 Feet From The North Line and 1800 Feet From The West Line of Section 20 Township 31N Range 12W NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ The Permian Corporation Permian (Eff. 9/1/85)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1702, Farmington, New Mexico 87401					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 20	Twp. 31N	Rge. 12W	Is gas actually connected? ☐	When

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 Res't.	Diff. Res't.
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			

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-MCF

APR 03 1985
OIL CON. DIV.
DIST. 3

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

I. 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.

District Operations Manager

April 1, 1985

OIL CONSERVATION DIVISION

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 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 re-completed 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.

Exempt Form C-103 must be filed for each pool in multiply completed wells.