

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR	
Operator <b>Tipton &amp; Denton</b>	
Address <b>c/o Oil Reports &amp; Gas Services, Inc., Box 763, Hobbs, NM 88240</b>	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner: THIS WELL HAS BEEN PLACED IN THE POOL  
OPERATED BY YOU DO NOT CONCUR  
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE				
Lease Name <b>Marathon State</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Unders. Jenkins-San Andres</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>E-3706</b>
Location				
Unit Letter <b>D</b> ; <b>660</b> Feet From The <b>North</b> Line and <b>660</b> Feet From The <b>West</b>				
Line of Section <b>32</b> Township <b>9S</b> Range <b>35E</b> , NMPM, <b>Lea</b> 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"/> <b>Mobil Pipe Line by Trucks</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 900, Dallas, Texas 75341</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>None</b>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit <b>D</b>	Sec. <b>32</b>	Twp. <b>9S</b>	Rge. <b>35E</b>	Is gas actually connected? <b>No</b>	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)							
<input checked="" type="checkbox"/> Oil Well	<input checked="" type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Rest'v.	<input type="checkbox"/> Diff. Rest'v.
Date Spudded <b>Re-entered 4/15/80</b>	Date Compl. Ready to Prod. <b>8/25/80</b>	Total Depth <b>12,752</b>	P.B.T.D. <b>4900</b>				
Elevations (DF, RKB, RT, GR, etc.) <b>4165 GR</b>	Name of Producing Formation <b>San Andres</b>	Top Oil/Gas Pay <b>4845</b>	Tubing Depth <b>4850</b>				
Perforations <b>4845 - 4855</b>		Depth Casing Shoe <b>9970</b>					
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT			
<b>17 1/2</b>	<b>13 3/8</b>	<b>451</b>		<b>460</b>			
<b>12 1/4</b>	<b>8 5/8</b>	<b>4061</b>		<b>1150</b>			
<b>7 7/8</b>	<b>5 1/2</b>	<b>9970</b>		<b>350</b>			
	<b>2 3/8</b>	<b>4850</b>					

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 <b>8/25/80</b>	Date of Test <b>9/1/80</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>---</b>	Casing Pressure <b>---</b>	Choke Size <b>---</b>
Actual Prod. During Test <b>42 bbls Fluid</b>	Oil-Bbls. <b>2</b>	Water-Bbls. <b>40</b>	Gas-MCF <b>TSTM</b>

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.	
<div><div>(Signature)</div><div>Agent</div><div>(Title)</div><div>9/3/80</div><div>(Date)</div></div> <div><div>OIL CONSERVATION DIVISION</div><div>APPROVED <b>SEP 5 1980</b>, 19</div><div>BY <b>John W. Murray</b></div><div>TITLE <b>Geologist</b></div><div>This form is to be filed in compliance with RULE 1102.</div><div>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.</div><div>All sections of this form must be filled out completely for allowable on new and recompleted wells.</div><div>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.</div><div>Separate Forms C-104 must be filed for each pool in multiple completed wells.</div></div>	