

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
DATE OF FILING	
LAND OFFICE	
TRANSPORTER	
OPERATION	
PRODUCTION OFFICE	

Marathon Oil Company

Address  
P. O. Box 2409 Hobbs, NM 88240

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Request a test allowable of 500 <sup>130</sup> <del>500</del> of oil
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name McCallister State	Well No. 6	Pool Name, including Formation Vacuum Blinebry	Kind of Lease State, Federal or Fee State	Lease No. B-2706
Location Unit Letter <u>L</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u>				
Line of Section <u>25</u> Township <u>17S</u> Range <u>34E</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Mobil Pipeline	Box 900 1st Int'l Bldg. Dallas, TX 75221
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company	<b>EFFECTIVE: February 1, 1992</b> 4001 Penbrook Odessa, TX 79762
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>L</u> Sec. <u>25</u> Twp. <u>17S</u> Rge. <u>34E</u>	Yes <u>6-4-63</u>

If this production is commingled with that from any other lease or pool, give commingling order number: PC-136 Amended by letter on October 13, 1964

COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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

TEST DATA AND REQUEST FOR ALLOWABLE (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 <u>6-19-84</u>	Date of Test	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
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/MCF	Gravity of Condensate
Testing Method (Back prod)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Steven A. Pohler / Steven A. Pohler  
(Signature)

Production Engineer  
(Title)

June 19, 1984  
(Date)

OIL CONSERVATION DIVISION  
**JUN 21 1984**

APPROVED \_\_\_\_\_, 19\_\_

BY Eddie W. Seay  
Oil & Gas Inspector

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 deviated 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.  
Separate Forms C-104 must be filed for each pool in multiple completed wells.