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TRANSPORTER	<input checked="" type="checkbox"/> OIL
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OPERATOR	
PRODUCTION OFFICE	

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SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Marathon Oil Company

Address  
P. O. Box 552, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:  
Recompletion ☒ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name Ralph Nix	Well No. 1	Pool Name, including Formation Atoka-Wolfcamp	Kind of Lease State, Federal or Fee Fee	Lease
Location Unit Letter J ; 1980 Feet From The South Line and 1980 Feet From The East Line of Section 29 Township 18S Range 26E , NMPM, Eddy Cour				

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Permian Corp. Permian (Eff. 9 / 1 / 87)	Address (Give address to which approved copy of this form is to be sent) 1509 W. Wall, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 2521, Houston, Texas 77001
If well produces oil or liquids, give location of tanks. Unit J Sec. 29 Twp. 18S Rge. 26E	Is gas actually connected? Yes When 10-3-86 June, 1986

If this production is commingled with that from any other lease or pool, give commingling order number:

3. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re
		X		X		X		X
Date Spudded 5-26-59	Date Compl. Ready to Prod. 10-11-59 86	Total Depth 10,190'	P.B.T.D. 6420'					
Elevations (DF, RKB, RT, GR, etc.) GR 3416', KB 3433'	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 6349	Tubing Depth 6285					
Perforations 6349'-58 ; 75 - 77; 90 - 99 w/ 1 JSPF (total 23 holes)			Depth Casing Shoe 9218					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	9-5/8" 32.3#	1501'	850					
8-3/4"	7" 23#, 26#, & 29#	9218'	920					
	2-3/8"	6285'						

4. TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL

(Test must be after recovery of total volume of oil and must be equal to or exceed top a  
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pressure, gas lift, etc.) Post ID-2 12-5-86 comp WLF.	
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 441.7	Length of Test 24 hours	Bbls. Condensate/MMCF 4	Gravity of Condensate 58.4
Testing Method (pistol, back pr.) Orifice tester	Tubing Pressure (shut-in) 1998	Casing Pressure (shut-in) packer	Choke Size 16/64

5. 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.

Prod. Engineer

October 2, 1986

OIL CONSERVATION DIVISION

NOV 25 1986

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

BY Original Signed By  
Les A. Clements

TITLE Supervisor District II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper  
well, this form must be accompanied by a tabulation of the device  
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all  
wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ow:  
well name or number, or transporter, or other such change of condi

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