	STATE OF NEW MEXICO IGY AND MINERALS DEPARTMENT	OIL CONSERVA	DX 2088	SN RECEIVED	Form C-104 Rovised 10-1-78
	FILR	SANTA FE, NEV	W MEXICO 87501	MAY 1 0 1983)
		REQUEST FO	R ALLOWABLE		
8.	TRANSPORTER OPERATOR PROMATION OFFICE	A AUTHORIZATION TO TRANS	ND PORT OIL AND NAT	O. C. D. URA ARTÉSIA, OFFICE	
	Marathon Oil Comp	any		•	a ser a substant a substant de la su
	Address P.O. Box 2409 H	obbs, NM 88240			
	Reason(s) for filing (Check proper box,	مىكەر بىلىكى بىرى بىرى بىرىكى بىلىكى بىرىكى بىكەر بىلىكى بىكە يەت بىكە يەت بىكە بىكە بىكە بىكە بىكە بىكە بىكە ب	Other (Plea Hastorn		. name changed to
	New Well Arrow Method Arrow Well Arrow Method Arrow Metho	Oil Dry Go			sportation Company
	Change In Ownership	Casinghead Gas Conde	nsate		
	If change of ownership give name and address of previous owner			•	
1.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	Com than	Kind of Lease	Legse No.
	Johnson "B" Fed. A/C 2			State, Federal or Fee	
	Location D 66	O Feet From The North Lir	as and 660	Feet From The	West
	15	100 -	31E . NMP		County
·. 	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cil	CER OF OIL AND NATURAL GA Image: Condensate	Adress (Give address	to which approved copy	of this form is to be sent)
	Getty Trading and Trans Name of Authorized Transporter of Cas	portation Company Singhead Gas [X] or Dry Gas []	P.O. Box 1142 Address (Give address	Midland, TX. to which approved copy	79702 rof this form is to be sent)
	Phillips Petroleum Comp		4001 Penbrook	Odessa, TX	79702
	If well produces oil or liquids, give location of tanks.	D 15 18S 31E			
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,			
	Designate Type of Completio	on - (X) Oil Well Gas Well	New Well Workover	Deepen Plug i	Back Same Res'v. Dill. Ros'v.
	Date Spuddod	Date Compl. Ready to Prod.	Total Depth	P.B.1	.D.
	Elevations (DF, RKB, RT, GR, etc.)	*fame of Producing Formation	Top Oil/Gas Pay	Tubin	g Depth
	Perforations			Depth	Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH	SET	SACKS CEMENT
	•				
	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	pih or be for full 24 hou	• #)	t be equal to or exceed top allow
Ī	Date First New Oll Run To Tanks	Date of Test	Producing kiethod (Flo	w, pump, gas lift, etc.)	
	Length of Test	Tubing Pressue	Casing Pressure	Choke	• S12•
	Actual Prod. During Test	Oll-Bbls.	Water - Bbls.	Gca-	MCF
ł		L	l		
Ĩ	GAS WELL Actual Frod. Tool-MCF/D	Length of Test	Bbls. Condensate Aud	CF Gravit	ly of Condeneate
	Testing Method (pitor, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shu	t-in) Choke	• Siz•
	·				
i. (CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oll Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and bellef.		OIL CONSERVATION DIVISION APPROVED MAY 1 1 1983 Original Signed By BY Lestle A: Clements TITLE Supervisor District II		
•					
			This form is i	o be filed in complia	nce with RULE 1104.
-	Steven A. Pohler Steven a. Pohler		If this is a request for allowable for a newly drilled or deepened by a tabulation of the deviation		
	Production Engine	 well, this form must be accordance with NULK 111. All sections of this form must be filled out completely for allow able on new and recompleted walls. Fill out only Sections 1. II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition 			
-	(Tule) May 9, 1983				
-	May 9, 1983	·····	ll and a set of	Duntous 1 11 111	ind VI for changes of owner ther such change of condition