

Revised February 10, 1994

Instructions on back

Submit to Appropriate District Office

5 Copies

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, NM 87504-2088

☐ **AMENDED REPORT**

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Marathon Oil Co./Indian Basin P.O. Box 1324 Artesia, NM 88210		OGRID Number 014021
		Reason for Filing Code Sell <i>200</i> Bbls Skim Oil
API Number 30-016-21689	Pool Name SWD DEVONIAN	Pool Code 96101
Property Code 16101	Property Name MOC SWD	Well Number 1

II. ¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
K	7	20-S	25-E		1980	SOUTH	1960	WEST	EDDY

" Bottom Hole Location

UL or lot no. K	Section 7	Township 20-S	Range 25-E	Lot. Idn	Feet from the 1980	North/South Line SOUTH	Feet from the 1980	East/West line WEST	County EDDY
¹² Use Code FEDERAL	¹³ Producing Method Code Skim Disp Tank	¹⁴ Gas Connection Date		¹⁵ C-129 Permit Number		¹⁶ C-129 Effective Date		¹⁷ C-129 Expiration Date	

III. Oil and Gas Transporters

[illegible]

IV. Produced Water

13 POD	14 POD ULSTR Location and Description	DISTR. 2

V. Well Completion Data

25 Spud Date		26 Ready Date		27 TD		28 PBD		29 Perforations	
30 Hole Size		31 Casing & Tubing Size		32 Depth Set		33 Sacks Cement			

VI. Well Test Data

³⁴ Date New Oil	³⁵ Gas Delivery Date	³⁶ Test Date	³⁷ Test Length	³⁸ Tbg. Pressure	³⁹ Csg. Pressure
⁴⁰ Choke Size	⁴¹ Oil	⁴² Water	⁴³ Gas	⁴⁴ AOF	⁴⁵ Test Method

46 I hereby certify that the rules 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.

Signature: Deanna M. McCoy
Printed name: Deanna M. McCoy

Deanna M. McCoy
Title: Records Process

Date: 11/17/95	Phone: 1/505/457/2621
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OIL CONSERVATION DIVISION

Approved by:

ORIGINAL SIGNATURE OF CLERK
DISTRICT II SUPERVISOR

Approval Date: NOV 28 1995

⁴⁷ If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name _____

Title

Date _____