

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Marathon Oil Company		Well API No. 30-015-22448
Address P. O. Box 552, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Waiting on gas line connection.
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Indian Hills State Com	Well No. 1	Pool Name, Including Formation <i>S. Dagger Dr. W. Penn Assoc.</i>	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter G	: 1650	Feet From The North	Line and 1980	Feet From The East
Section 36	Township 20S	Range 24E	NMPM, Eddy County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
No condensate production		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Negotiation currently underway		
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? No	
	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)	Oil Well	Gas Well *	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 3-19-78	Date Compl. Ready to Prod. 4-11-91	Total Depth 9,640'	P.B.T.D. 7,611					
Elevations (DF, RKB, RT, GR, etc.) 3617' KB, 3604' GL	Name of Producing Formation Cisco	Top Oil/Gas Pay 7564	Tubing Depth 9175					
Perforations 7564-7942			Depth Casing Shoe					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	2-3/8" tbq.	9175'	

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
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 1083	Length of Test 24 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate --
Testing Method (pilot, back pr.) Back Press	Tubing Pressure (Shut-in) 1790	Casing Pressure (Shut-in) 0	Choke Size 6/64"

VI. OPERATOR 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.

Carl A. Bagwell

Signature
Carl A. Bagwell, Engineering Technician
Printed Name
5-20-91
Date
(915) 682-1626
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 10 1993

By ORIGINAL SIGNED BY

Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.