Submit 5 Copies
Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240

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

## State of New Mexico Energy, Minerals and Natural Resources D

ment RECEWED

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JAN 16 '91

| DISTRICTIO      |       |          |       |
|-----------------|-------|----------|-------|
| 1000 Rio Benzos | 14. A | stoc, NM | 87410 |

REQUEST FOR ALLOWABLE AND AUTHORIZATION. C. D. TO TRANSPORT OIL AND NATURAL GAS ARTESIA, OFFICE

| I.  |  | O TRAN           | SPORT OIL                 | AND NA                          | TURAL G               | 70                            | A, OFFIGE              |                 |             |  |  |
|---|--|------------------|---------------------------|---------------------------------|-----------------------|-------------------------------|------------------------|-----------------|-------------|--|--|
| Оронног   |  |                  |                           |                                 |                       | Well 7                        |                        |                 |             |  |  |
| Marathon Oil Compa  | ny 🗸   |                  |                           |                                 |                       | 3                             | 0-015-2                | 2694            |             |  |  |
| Address   |  |                  |                           |                                 |                       |                               |                        |                 |             |  |  |
| P. O. Box 552, Mid<br>Rescon(s) for Filing (Check proper box)   | iland, '   | Texas            | 79702                     | Oth                             | n (Please expl        | nia)                          |                        |                 |             |  |  |
| New Well  |  | heege in To      | amoster of:               |                                 | u it was oder         |                               |                        |                 |             |  |  |
| Recompletion  | Oil .  |                  | y Ges                     |                                 | Tempora               | rilv aha                      | ndoned :               | uma II          |             |  |  |
| Change in Operator  | Coninghead   |                  | adeasts 🔲                 |                                 | ranhora               | LIIY doc                      | indoned                | MCTT.           |             |  |  |
| If change of operator give same and address of provious operator TXO Production Corporation, 415 W. Wall, Suite 900, Midland, Texas 79701 |  |                  |                           |                                 |                       |                               |                        |                 |             |  |  |
|   |  |                  |                           |                                 |                       |                               |                        |                 |             |  |  |
| II. DESCRIPTION OF WELL.  |  |                  | ol Name, Includia         | no Bossesian                    |                       | Kind o                        | (Lean                  | 1 1             | es No.      |  |  |
| Indian Hills State Con  |  |                  | Cemetary                  | <b>6</b> . <del>A</del>         | Morrow                |                               | Federal or Fee         |                 |             |  |  |
| Location  |  |                  | <del></del>               |                                 |                       |                               |                        |                 |             |  |  |
| Unit Letter P   | : 660  | Fe               | at Prom The S             | outh Lie                        | and                   | 60 Fe                         | et From The            | East            | Line        |  |  |
| 26  | 20.0   |                  | 24 -                      |                                 |                       | _                             | .33                    |                 | _           |  |  |
| Section 36 Township   | 20-S   | <u>R</u>         | 24-E                      | ,N                              | CINC                  | <u> </u>                      | ddy                    |                 | County      |  |  |
| III. DESIGNATION OF TRAN  | CBADTED  | OF OIL           | AND NATER                 | DAT. GAR                        |                       |                               |                        | 1.44            |             |  |  |
| Name of Authorized Transporter of Oil   |  | r Condensate     |                           | Address (Gis                    | editors to w          | tick approved                 | capy of this fo        | rm is to be a   |             |  |  |
|   | _ <del>                                    </del>            |                  |                           |                                 |                       |                               |                        | •               |             |  |  |
| Nome of Authorized Transporter of Coning  | phone Ges  | or               | Dry Gas                   | Address (Gin                    | address to w          | ich approved                  | copy of this fi        | 100 je 10 je 10 | me)         |  |  |
|   |  |                  |                           |                                 |                       |                               |                        |                 |             |  |  |
| If well produces oil or liquid;<br>give location of teats.  | Unant 13   | les Tv<br>36     | 20   24                   | is gas actually                 |                       | Whee                          | 7                      |                 | }           |  |  |
| If this production is commingled with the:  |  | <del></del>      |                           | no coder muni                   | <u> </u>              |                               |                        |                 |             |  |  |
| IV. COMPLETION DATA   |  | ,                |                           |                                 |                       |                               |                        |                 |             |  |  |
|   |  | Oil Well         | Gas Well                  | Now Well                        | Workover              | Despen                        | Plug Back              | Sumo Res'v      | Diff Res'v  |  |  |
| Designate Type of Completion  |  |                  | 1                         | T                               |                       |                               |                        | <u> </u>        | <u>. 1</u>  |  |  |
| Date Speeded  | Date Compl.  | Ready to Pr      | 04.                       | Total Depth                     |                       |                               | P.B.T.D.               |                 |             |  |  |
| Elevations (DF, RKB, RT, GR, etc.)  | Develops (DF, RKS, RT, GR, etc.) Name of Producing Formation |                  | etica                     | Top Oil/Gas Pay                 |                       |                               | Tuhing Dopth           |                 |             |  |  |
| Elevators (DF, RAS, R1, GR, ac.)  |  |                  | •                         |                                 |                       |                               |                        |                 |             |  |  |
| Perforations  |  |                  |                           |                                 | Depth Cooling Shee    |                               |                        |                 |             |  |  |
| [   |  |                  |                           |                                 |                       |                               |                        | <del> </del>    |             |  |  |
| TUBING, CASING AND  |  |                  | CEMENTI                   |                                 |                       |                               |                        |                 |             |  |  |
| HOLE SIZE   | HOLE SIZE CASING & TUSING SIZE                               |                  | NG SIZE                   | DEPTH SET                       |                       |                               | SACKS CEMENT           |                 |             |  |  |
|   |  |                  |                           |                                 |                       |                               |                        |                 |             |  |  |
|   |  |                  |                           |                                 |                       |                               |                        |                 |             |  |  |
|   |  |                  |                           |                                 |                       |                               |                        |                 |             |  |  |
| V. TEST DATA AND REQUES   | T FOR AL   | TOMYB            | LE                        |                                 |                       | . 84 - 6 41.                  |                        | 6 A.U 94 b      |             |  |  |
| OIL WELL (Test mest be after n  |  |                  | oed oil and must          | be equal to er<br>Developing Ma | that (Flow, p         | mane jer im<br>ma. see lik. s | (C) = (F ) (F)         | W JICH 24 IOC   | <i>72.)</i> |  |  |
| Date First New Oil Run To Tank Date of Test   |  |                  |                           |                                 | <b></b> (2 10 11 , p. |                               |                        | Rost            | A.TD-       |  |  |
| Length of Test  | Tubing Processes   |                  | Casing Pressure           |                                 |                       | Choire Size                   | Chain Size 1 - 23 - 91 |                 |             |  |  |
|   | · ·  |                  |                           |                                 |                       | Gas Vo.                       |                        |                 |             |  |  |
| Actual Prod. During Test  | Oil - Bhis.  |                  | Water - Bhis.             |                                 |                       | GARCE ELB OP                  |                        |                 |             |  |  |
|   |  |                  |                           |                                 |                       |                               |                        |                 |             |  |  |
| GAS WELL  |  |                  |                           |                                 |                       |                               |                        |                 |             |  |  |
| Actual Frok Test - MCS/D  | Leigh of Test  |                  | Bale. Condensate/MMCF     |                                 |                       | Gravity of Candiciants        |                        |                 |             |  |  |
| Product Market (since book on)  | (pint, back pr.) Tubing Freezen (Shut-in)                    |                  | Carine Pressure (Shut-in) |                                 |                       | Challe Size                   |                        |                 |             |  |  |
| Testing Method (pitet, back pr.) Tubing Process (Shat-in)   |  |                  |                           |                                 |                       |                               | ·                      |                 |             |  |  |
| VI OPERATOR CERTIFIC  | ATE OF   | COMPL            | IANCE                     |                                 |                       |                               |                        |                 |             |  |  |
| VL OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation                             |  | (                | DIL CON                   | <b>ISERV</b>                    | ATION                 | DIVISIO                       | NC                     |                 |             |  |  |
| Division have been complied with and that the information given above   |  |                  | ]]                        |                                 | FIA                   | N 0 5 4                       | 0.014                  |                 |             |  |  |
| is true and complete to the best of my knowledge and belief.  |  |                  | Date                      | Approve                         | d                     | N 2 3 1                       | <del>),,</del>         |                 |             |  |  |
| CARL A BARNEL   |  |                  |                           |                                 | •                     |                               |                        |                 |             |  |  |
| Simular H.  |  |                  | - <del></del>             | By_                             | OPIC                  | INIAL SIG                     | NED BY                 |                 |             |  |  |
| Carl A. Bagwell Engineering Technician  |  |                  | 11                        | MIKE WILLIAMS                   |                       |                               |                        |                 |             |  |  |
| Printed Name Title 1/8/91 (915)682-1626   |  |                  |                           | Title SUPERVISOR, DISTRICT IT   |                       |                               |                        |                 |             |  |  |
| 1/8/91<br>Date  |  | Teleph<br>Teleph | 2-10/6<br>cas No.         | 11                              |                       |                               |                        | 4               |             |  |  |
|   |  |                  |                           | lf                              |                       |                               |                        |                 |             |  |  |

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.