

OIL CONSERVATION DIVISION

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

RECEIVED

JAN 28 1993

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

Operator Marathon Oil Company	30-015-27168
Address P.O. Box 552, Midland, Texas, 79702	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) GAS CONNECTION	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Operator <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. 3	Pool Name, including Formation UPPER PENN DOLOMITE	Kind of Lease State, Federal or Fee STATE	Lease No. E-10083
Location Unit Letter D 660 Feet From The NORTH Line and 660 Feet From The WEST Line Section 36 Township 20-S Range 24-E , NMPM , EDDY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil SCURLOCK-PERMIAN	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 4648 HOUSTON, TX. 77210-4648				
Name of Authorized Transporter of Casinghead Gas MARATHON OIL INDIAN BASIN GP	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO BOX 552 MIDLAND, TX. 79702				
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 36	Twp. 20-S	Rge. 24-E	Is gas actually connected? YES	When? 1-25-93

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 11-10-92	Date Compl. Ready to Prod. 12-15-92		Total Depth 7988'		P.B.T.D. 7938'			
Elevations (DF, RKB, RT, GR, etc.) GL: 3631' KB:3646'	Name of Producing Formation DAGGER DRAW UPPER PENN		Top Oil/Gas Pay 7712'		Tubing Depth 7655'			
Perforations 7712-7770 W/2JSPF 116 HOLES					Depth Casing Shoe 7987'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 9 5/8" 36#		DEPTH SET 1198'		SACKS CEMENT 800			
8 3/4"	7" 26# & 23#		7987'		1175			
	2 7/8"		7614'		Post ID-2 1-29-93			

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 12-15-92	Date of Test 12-21-92	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HRS	Tubing Pressure 270#	Casing Pressure PKR	Choke Size 1.0"
Actual Prod. During Test	Oil - Bbls. 151	Water - Bbls. 556	Gas- MCF 1100

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Thomas M Price
Signature
THOMAS M. PRICE
Printed Name
1-26-93
Date
ADV. ENG. TECH.
915-682-1626
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JAN 28 1993**
By **ORIGINAL SIGNED BY**
MIKE WILLIAMS
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.