

OIL CONSERVATION DIVISION

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

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

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. 30-015-27235
Address P.O. Box 552, Midland, Texas, 79702		Requesting test allowable 1500 barrels.
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		Estimate rate from swab tests and offset prod 352 BOPD, 528 BWPD, 1100 MCFPD

II. DESCRIPTION OF WELL AND LEASE

Lease Name INDIAN HILLS ST COMM	Well No. 4	Pool Name, Including Formation S. DAGGER DRAW UPPER PENN	Kind of Lease State, Federal or Fee STATE	Lease No. E-10083
Location Unit Letter E : 1880 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 SURLOCK-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 INDIAN BASIN GAS PLANT	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) MIDLAND TEXAS
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? 02-10-93

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12-31-92	Date Compl. Ready to Prod.		Total Depth 8,000		P.B.T.D. 7950			
Elevations (DF, RKB, RT, GR, etc.) GL: 3634'	Name of Producing Formation UPPER PENN		Top Oil/Gas Pay 7703		Tubing Depth			
Perforations 7742-7746 7703-7708					Depth Casing Shoe 7999			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9 5/8"		1220		1100'			
8 3/4"	7"		7999		1100			

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	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.

Signature Thomas Price  
THOMAS PRICE ENGINEERING TECH  
Printed Name  
FEBRUARY 11, 1993  
Date  
Title  
915-687-8324  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 15 1993

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II  
Title

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.