

# 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. 30-015-27456
Address P.O. Box 552, Midland, Texas, 79702		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) REQUEST TEMP TEST ALLOWABLE OF 1000 BBLS TO SELL OIL PRODUCING DURING WORK AND TESTING
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		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name INDIAN HILLS ST COMM	Well No. 6	Pool Name, Including Formation S. DAGGER DRAW	Kind of Lease State, Federal or Fee STATE	Lease No. E-10083
Location Unit Letter K : 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line Section 36 Township 20S Range 24E, 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) PO BOX 4648 HOUSTON, TX. 77210-4648					
Name of Authorized Transporter of Casinghead Gas MARATHON OIL CO. <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 L	Sec. 36	Twp. 20S	Rge. 24E	Is gas actually connected? YES	When? 10-15-93

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 7-28-93	Date Compl. Ready to Prod. STILL WORKING		Total Depth 8050		P.B.T.D. 7800			
Elevations (DF, RKB, RT, GR, etc.) GL:3631 KB:3647	Name of Producing Formation UPPER PENN		Top Oil/Gas Pay 7554		Tubing Depth 7608			
Perforations 7574-7590, 7608-40, 7734-40, 7748-74					Depth Casing Shoe 8048			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 9 5/8", K-55, 36#		DEPTH SET 1207'		SACKS CEMENT 1425			
8 3/4"	7", K-55, 26&23#		8048'		1125 CIRC 55 SX			

### 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.

*Thomas M Price*

Signature  
THOMAS M. PRICE  
Printed Name  
11-12-93  
Date  
ENG TECH  
Title  
915-682-1626  
Telephone No.

### OIL CONSERVATION DIVISION

Date Approved NOV 26 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.