

Submit 2 copies to Appropriate District Office.

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

811 S. 1st Street, Artesia, NM 88210-2834

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

2040 Pacheco St.

Santa Fe, NM 87505

Form C-116  
Revised 1/1/89

### GAS - OIL RATIO TEST

|                                                                                                                                                    |                                              |                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------|
| Operator<br><b>Marathon Oil Company</b>                                                                                                            | Pool<br><b>Travis: Wolfcamp / Upper Penn</b> | County<br><b>Eddy</b>                        |
| Address<br><b>P.O. Box 2490 Hobbs, NM 88240</b>                                                                                                    |                                              |                                              |
| LEASE NAME<br><b>Edward Mitchusson 4 State</b><br><b>DHC No. 2233</b><br><b>Zone 011x Gasx</b><br><b>Wolfcamp 23 23</b><br><b>Upper Penn 77 77</b> | WELL NO<br><b>1</b>                          | LOCATION<br>U S T R<br><b>K 4 19S 28E</b>    |
|                                                                                                                                                    | DATE OF TEST<br><b>5/7/99</b>                | CHOKE SIZE<br><b>P</b>                       |
| TYPE OF TEST - (X)<br><input checked="" type="checkbox"/> S <input type="checkbox"/> P <input type="checkbox"/> L <input type="checkbox"/> S       |                                              | DAILY ALLOW-ABLE<br><input type="checkbox"/> |
| TBG. PRESS<br><b>240</b>                                                                                                                           |                                              | LENGTH OF TEST HOURS<br><b>24</b>            |
| WATER BBL'S<br><b>9</b>                                                                                                                            |                                              | PROD. DURING TEST<br>GRAV. OIL<br><b>17</b>  |
| OIL BBL'S<br><b>4</b>                                                                                                                              |                                              | GAS MCF<br><b>18</b>                         |
| GAS-OIL RATIO CUFT/BBL<br><b>4706</b>                                                                                                              |                                              | GAS MCF<br><b>62</b>                         |
| GAS-OIL RATIO CUFT/BBL<br><b>4769</b>                                                                                                              |                                              | GAS MCF<br><b>13</b>                         |
| Completion <input checked="" type="checkbox"/> Special <input type="checkbox"/>                                                                    |                                              |                                              |

#### Instructions:

During gas-oil ratio test, each well shall be produced at a rate not exceeding the top unit allowable for the pool in which well is located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in order that well can be assigned increased allowables when authorized by the Division.

Gas volumes must be reported in MCF measured at a pressure base of 15.025 psia and a temperature of 60°F. Specific gravity base will be 0.60.

Report casing pressure in lieu of tubing pressure for any well producing through casing.

See Rule 301, Rule 1116 & appropriate pool rules.)

I hereby certify that the above information is true and complete to the best of my knowledge and belief.

Signature  
*Kelly Cook*

Kelly Cook

Printed name and title

May 11, 1999

Date

Records Processor

393-7106

Telephone No.