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| SANTA FE | 1 | | |
| FILE | 7 | | |
| U.S.G.S. | | I | |
| LAND OFFICE | | ! | |
| TRANSPORTER | OIL | ļ | |
| | GAS | | <u> </u> |
| OPERATOR | 2 | <u> </u> | |
| PRORATION OF | | 1 | |
| Sperator | | | |
| Union | 011 (| CORT | MIN |

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Supersedes Old C-104 and C-110
Effective 1-1-65

| FILE | | AND | | | |
|--|--|--|---|--|--|
| U.S.G.S. | AUTHORIZATION TO TRA | ANSPORT OIL AND NATURA | L GAS | | |
| LAND OFFICE | (Marathon is Operator | of the Indian Basin G | as Plant and Gathering | | |
| TRANSPORTER OIL | System. Matural Gas | Pipeline Company of A | merica is purchaser of | | |
| GAS | the gas under contra | cts providing for deli | very of residue gas at | | |
| OPERATOR 2 | the Plant.) | | - | | |
| PRORATION OFFICE | <u> </u> | / | <u> </u> | | |
| Sperator | | | | | |
| Union Oil Compan | y of California ' | | RECEIVED | | |
| Address | | | | | |
| 619 West Texas A | venue, Midland, Texas | | NEA / ····· | | |
| Reason(s) for filing (Check proper box | () | Other (Please explain) | | | |
| !lew Well | Change in Transporter of: | | | | |
| Recompletion | Oil Dry Go | as | | | |
| Change in Ownership | Casinghead Gas Conde | ensate | É.s. | | |
| | | | | | |
| If change of ownership give name and address of previous owner | • | | | | |
| and address of previous owner | | | | | |
| DESCRIPTION OF WELL AND | LEASE | | | | |
| Lease Name | Well No. Pool No | ame, Including Formation | Kind of Lease | | |
| Federal 28 | 1 Penn | sylvanian Gas | State, Federal or Fee Federal | | |
| Location | | | | | |
| Unit Letter 6 ; 19 | 80 Feet From The Korth Lin | ne and 1980 Feet F | rom The Bast | | |
| omit Cetter | | | | | |
| Line of Section 28 , To | ownship 218 Range | , NMPM, | Eddy County | | |
| | | | | | |
| DESIGNATION OF TRANSPOR | TER OF OIL AND NATURAL GA | AS | | | |
| Name of Authorized Transporter of Ci | | Address (Give address to which a | pproved copy of this form is to be sent) | | |
| Gas Flant and Gatheri | no Svetem | Box 1324, Artesia, | New Mexico | | |
| | | Address (Give address to which a | pproved copy of this form is to be sent) | | |
| Name of Authorized Transporter of Co | rator, Indian Basin | Box 1324, Artesia, | New Mexico | | |
| | Unit Sec. Twp. Rge. | Is gas actually connected? | When | | |
| If well produces oil or liquids, give location of tanks. | G 28 21-8 23-E | No. | - | | |
| | | | • | | |
| If this production is commingled w | ith that from any other lease or pool, | , give commingling order number: | · · · · · · · · · · · · · · · · · · · | | |
| . COMPLETION DATA | Cil Well Gas Well | New Well Workover Deeper | Plug Back Same Res'v. Diff. Res | | |
| Designate Type of Completi | | X | | | |
| | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | |
| Date Spudded 10-28-65 | Date Compile Heady to From | 76001 | _ | | |
| | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | |
| Pool | · | 7140' | 7000.821 | | |
| Indian Basin | Upper Penn. | 1740. | Depth Casing Shoe | | |
| Perforations | 72 80. 7050 56 88 (| on . 7300 en ek e≼ | 76001 | | |
| (144, 40, 50, 63, [0 | , 73, 82; 7252, 56, 88, 9 | | [000 | | |
| | | ID CEMENTING RECORD | CACKS CEMENT | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | |
| 15" | 13-3/8" | 247' | 250 | | |
| | | | | | |
| 11," | 8-5/8" | 2202' | 1675 | | |
| 7-7/8" | 8-5/8" 5-1/2" | 7600' | 300 | | |
| | 5-1/2* 2-3/8* | 7600' 7000.82' | 300 | | |
| 7-7/8" | 5-1/2" 2-3/8" FOR ALLOWABLE (Test must be | 7600' 7000.82' after recovery of total volume of load | 300 | | |
| 7-7/8" TEST DATA AND REQUEST I | 5-1/2" 2-3/8" FOR ALLOWABLE (Test must be able for this d | 7600' 7000.82' after recovery of total volume of load lepth or be for full 24 hours) | 300 I oil and must be equal to or exceed top all | | |
| 7-7/8" TEST DATA AND REQUEST I | 5-1/2" 2-3/8" FOR ALLOWABLE (Test must be | 7600' 7000.82' after recovery of total volume of load | 300 I oil and must be equal to or exceed top all | | |
| 7-7/8" TEST DATA AND REQUEST I | 5-1/2" 2-3/8" FOR ALLOWABLE (Test must be able for this d | 7600' 7000.82' after recovery of total volume of load lepth or be for full 24 hours) Producing Method (Flow, pump, g | i oil and must be equal to or exceed top all | | |
| 7-7/8" TEST DATA AND REQUEST I | 5-1/2" 2-3/8" FOR ALLOWABLE (Test must be able for this d | 7600' 7000.82' after recovery of total volume of load lepth or be for full 24 hours) | 300 I oil and must be equal to or exceed top all | | |
| 7-7/8" TEST DATA AND REQUEST I OIL WELL Date First New Oil Run To Tanks Length of Test | 5-1/2* 2-3/8* FOR ALLOWABLE (Test must be able for this description of the state o | 7600' 7000.82' after recovery of total volume of load lepth or be for full 24 hours) Producing Method (Flow, pump, g | as lift, etc.) Choke Size | | |
| 7-7/8" TEST DATA AND REQUEST I OIL WELL Date First New Oil Run To Tanks | 5-1/2" 2-3/8" FOR ALLOWABLE (Test must be able for this d | 7600' 7000.82' after recovery of total volume of load lepth or be for full 24 hours) Producing Method (Flow, pump, g | i oil and must be equal to or exceed top all | | |
| 7-7/8" TEST DATA AND REQUEST I OIL WELL Date First New Oil Run To Tanks Length of Test | 5-1/2* 2-3/8* FOR ALLOWABLE (Test must be able for this description of the state o | 7600' 7000.82' after recovery of total volume of load lepth or be for full 24 hours) Producing Method (Flow, pump, g | as lift, etc.) Choke Size | | |
| 7-7/8" TEST DATA AND REQUEST I OIL WELL Date First New Oil Run To Tanks Length of Test | 5-1/2* 2-3/8* FOR ALLOWABLE (Test must be able for this description of the state o | 7600' 7000.82' after recovery of total volume of load lepth or be for full 24 hours) Producing Method (Flow, pump, g | JOO I oil and must be equal to or exceed top all as lift, etc.) Choke Size | | |
| 7-7/8" TEST DATA AND REQUEST I OIL WELL Date First New Oil Run To Tanks Length of Test | 5-1/2* 2-3/8* FOR ALLOWABLE (Test must be able for this description of the state o | 7600' 7000.82' after recovery of total volume of load lepth or be for full 24 hours) Producing Method (Flow, pump, g | 300 I oil and must be equal to or exceed top all as lift, etc.) Choke Size Gas-MCF | | |
| 7-7/8* 7. TEST DATA AND REQUEST I OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D | 5-1/2* 2-3/8* FOR ALLOWABLE (Test must be able for this described able for th | after recovery of total volume of load lepth or be for full 24 hours) Producing Method (Flow, pump, g Casing Pressure Water-Bbls. Bbls, Condensate/MMCF | 300 I oil and must be equal to or exceed top all as lift, etc.) Choke Size Gas-MCF Gravity of Condensate | | |
| 7-7/8* TEST DATA AND REQUEST I OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL | 5-1/2* 2-3/8* FOR ALLOWABLE (Test must be able for this described able for th | 7600' 7000.82' after recovery of total volume of load lepth or be for full 24 hours) Producing Method (Flow, pump, g Casing Pressure Water-Bbls. | 300 I oil and must be equal to or exceed top all as lift, etc.) Choke Size Gas-MCF | | |
| 7-7/8* TEST DATA AND REQUEST I OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D | 5-1/2* 2-3/8* FOR ALLOWABLE (Test must be able for this do able for this | 7600' 7000.82' after recovery of total volume of load lepth or be for full 24 hours) Producing Method (Flow, pump, g) Casing Pressure Water-Bbls. Bbls. Condensate/MMCF 15 Casing Pressure | Gravity of Condensate Choke Size Gravity of Condensate | | |
| 7-7/8* TEST DATA AND REQUEST I OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D 6616 | 5-1/2" 2-3/8" FOR ALLOWABLE (Test must be able for this described able for th | 7600' 7000.82' after recovery of total volume of load lepth or be for full 24 hours) Producing Method (Flow, pump, g Casing Pressure Water-Bbls. Bbls. Condensate/MMCF 15 | Gravity of Condensate | | |
| 7-7/8* 7-7/8* TEST DATA AND REQUEST I OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D 6616 Testing Method (pitot, back pr.) Orifice Mater | 5-1/2* 2-3/8* FOR ALLOWABLE (Test must be able for this description of the second sec | after recovery of total volume of load lepth or be for full 24 hours) Producing Method (Flow, pump, g Casing Pressure Water-Bbls. Bbls. Condensate/MMCF 15 Casing Pressure Packer | Gravity of Condensate Choke Size Choke Size Gravity of Condensate 59 Choke Size | | |
| 7-7/8* TEST DATA AND REQUEST I OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D 6616 Testing Method (pitot, back pr.) Orifice Noter | 5-1/2* 2-3/8* FOR ALLOWABLE (Test must be able for this description of the second sec | after recovery of total volume of load lepth or be for full 24 hours) Producing Method (Flow, pump, g Casing Pressure Water-Bbls. Bbls. Condensate/MMCF 15 Casing Pressure Packer | Gravity of Condensate Choke Size Choke Size | | |
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| TEST DATA AND REQUEST I OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D 6616 Testing Method (pitot, back pr.) Orifice Mater I. CERTIFICATE OF COMPLIANT I hereby certify that the rules and Commission have been complied | 5-1/2* 2-3/8* FOR ALLOWABLE (Test must be able for this described able for th | after recovery of total volume of load lepth or be for full 24 hours) Producing Method (Flow, pump, g Casing Pressure Water-Bbls. Bbls. Condensate/MMCF 15 Casing Pressure Packer OIL CONSE | Gravity of Condensate Choke Size Gravity of Condensate 59 Choke Size Choke Size A /64 RVATION COMMISSION 19 10 10 10 10 10 10 10 10 10 | | |
| 7-7/8* 7-7/8* 7-7/8* TEST DATA AND REQUEST IOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D 6616 Testing Method (pitot, back pr.) Orifice Mater I. CERTIFICATE OF COMPLIANT I hereby certify that the rules and Commission have been complied | 5-1/2* 2-3/8* FOR ALLOWABLE (Test must be able for this decoration abl | after recovery of total volume of load lepth or be for full 24 hours) Producing Method (Flow, pump, g Casing Pressure Water-Bbls. Bbls. Condensate/MMCF 15 Casing Pressure Packer OIL CONSE | Gravity of Condensate Choke Size Choke Size Gravity of Condensate 59 Choke Size | | |

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Production Clerk

lecember 2, 1965 (Date)

(Title)

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.