

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

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- 8 24 1981

O. C. D.
ARTESIA OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Marathon Oil Company	
Address P.O. Box 2409 Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	
New Well ☒	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Recompletion ☐	
Change in Ownership ☐	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal IBD Gas Com	Well No. 2	Pool Name, including Formation Upper Penn	Kind of Lease State, Federal or Fee Federal	Lease No. NM 0384625
Location Unit Letter <u>A</u> : <u>800</u> Feet From The <u>North</u> Line and <u>200</u> Feet From The <u>East</u> Line of Section <u>30</u> To <u>ship</u> <u>21S</u> Range <u>23E</u> <u>NMDM</u> <u>Eddy</u> County				

* Marathon is operator of Indian Basin Gas Plant. Natural Gas Pipeline of America is purchaser of gas under contracts providing for delivery of residue gas at the plant.

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Marathon Oil Company, Operator Indian Basin Gas Plant and Gathering System.*		Address (Give address to which approved copy of this form is to be sent) P.O. Box 1324 Artesia, NM				
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Marathon Oil Company, Operator, Indian Basin Gas Plant and Gathering System.*		Address (Give address to which approved copy of this form is to be sent) P.O. Box 1324 Artesia, NM				
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 23	Twp. 21S	Rge. 23E	Is gas actually connected? Yes	When 1-30-81

If this production is commingled with that from any other lease or pool, give commingling order number:

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'n. Till. Res.
		X	X				
Date Spudded 6-27-80	Date Compl. Ready to Prod. 8-28-80	Total Depth 7500'		P.B.T.D. 7250'			
Elevations (DE, RKB, RT, GR, etc.) RKB 4085'	Name of Producing Formation Upper Penn	Top Oil/Gas Pay 7162'		Tubing Depth 7141.63'			
Perforations 7162 - 7164', 7180 - 7182', 7185 - 7188', 7202 - 7210', 7212 - 7214' (total 22 holes)				Depth Casing Shoe 7500'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8" 48#	148'	175 sx
12 1/4"	8 5/8" 24#	2,000'	1,450 sx
7 7/8"	5 1/2" 15 1/2 & 17#	7,500'	850 sx
	2 3/8" tubing	7,141.63'	

IV. 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 Tanks	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 allowable factor 0.30 Order R-6310

Actual Prod. Test-MCF/D 558	Length of Test 24 hours	Bbls. Condensate/MCF 1	Gravity of Condensate 60° API
Testing Method (prior, back pr.) back pressure	Tubing Pressure (shot-in) 800	Casing Pressure (shot-in) 0	Choke Size 16/64"

V. 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.

C. C. South
(Signature)Operations Superintendent
(Title)2-20-81
(Date)

OIL CONSERVATION DIVISION	
APPROVED	MAR 04 1981
BY	<i>W. A. Gressitt</i>
TITLE	SUPERVISOR DISTRICT II

This form is to be filed in compliance with RULE 111.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated 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 only Sections I, II, III, and IV for changes of owner, well name, or number, or transporter, or other well changing conditions.