P.O. Box 1980, Hobbs, NM \$8240 OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM \$8240 P.O. Box 2088 P.O. Draver DD, Anesia, NM \$8210 P.O. Box 2088 Santa Fe, New Mexico 87504-2088 Image: Comparison of the second se	sed 1-1-89 Instructions ottom of Page
P.O. Drawer DD, Anesia, NM \$8210 P.O. Box 2088 DISTRICT III Santa Fe, New Mexico \$7504-2088 1000 Roo Brazos Rd., Aziec, NM \$7410 REQUESTEDREALLOWABLE AND AUTHORIZATION I. TO TRANSPORT OIL AND NATURAL GAS Operator JUM 3 (1992) Veil API No. 30-015-25133 Address O. C. D. 8223 Willow Place South Ste '250' Höuston, Texas 77070-5623 Reason(s) for Filing (Check proper box) Other (Please explain) New Weil Change in Transporter of: Recompletion Oil Dry Gas If change of operator Condensate If change of operator Catinghead Gas I. DESCRIPTION OF WELL AND LEASE Transporter of: I. DESCRIPTION OF WELL AND LEASE Transmission I. DESCRIPTION OF WELL AND LEASE Use Meil No. I. DESCRIPTION OF WELL AND LEASE Use Meil No. I. State 1-Y Willow Formation I. State 1-Y Veil Gest I. DESCRIPTION OF WELL AND LEASE Transmission Kind of Lease I. State 1-Y Veil	
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IB 32 State 1-Y Wildeat Upper Penn State, Federal or Fee V-99	
	Lease No. 91–2 & V–993
M 12701 South 6601 User	<u>31-2 a v-99</u> 5
Unit Letter M : 1270' Feet From The South Line and 660' Feet From The West	tLine
Section 32 Township 21S Range 24E , NMPM, Eddy	Y County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	e seri)
Name of Authonized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be Marathon Oil Company P.O. Box 552, Midland, Texas 79702	e sení)
L' well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When ?	
If this production is commingied with that from any other lease or pool, give commingling order number:]
IV. COMPLETION DATA	
Oil Well Gas Well New Well Workover Deepen Plug Back Same Res Designate Type of Completion - (X) Y Y Y Y Y	· · · · · ·
Designate Type of Completion - (X) X X Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.	X
5-15-92 10205' 9570 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubics Death	1
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth 4295' GR Wildcat Upper Penn 7798' 7786'	
Perforations Depth Casing Shoe	
7798' - 7806' 8132' TUBING, CASING AND CEMENTING RECORD	
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CE	
<u>17 1/2" 13 3/8" 524' 2200</u> 11" 9 5/8" 2405' 1640	
7" <u>8 1/4"</u> <u>8132'</u> <u>950</u>	
2 7/8" 7786'	somp Pinn
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 t	hours.)
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)	
Length of Tes. 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 Bbis. Condensate/MMCF Gravity of Condensate	
581 24. hrs 0 9 Testing Method (pilot, back pr.) Tubing Pressure (Shui-in) Casing Pressure (Shui-in) Choke Size	
Flowing 700 0 24/64	
VI. OPERATOR CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION DIVIS Division have been complied with and that the information given above	
is true and complete to the best of my knowledge and belief. Date Approved	
Shorten & Ward	• • • • • • •
Signature By K I I //	
Sharon E. Ward Prod. Regulatory Supv Printed Name	
Internation Title Title 6-23-92 (713) 469-9664 Title Date Telephone No. Title 1	

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.

All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.