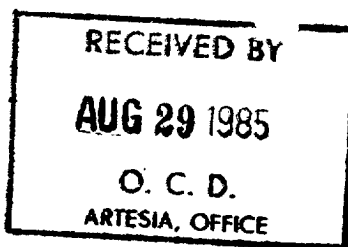


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| | GAS | ✓ |
| OPERATOR | | ✓ |
| PROMOTION OFFICE | | |



Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Kerr-McGee Corporation ✓

Address
P.O. Box 250, Amarillo, Texas 79189

Reason(s) for filing (Check proper box)

| | | |
|--|---|-------------------------------------|
| <input checked="" type="checkbox"/> New Well | Change in Transporter of: | |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> Oil | <input type="checkbox"/> Dry Gas |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas | <input type="checkbox"/> Condensate |

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|---|---|-----------------------|
| Lease Name Martha Creek Gas Com. | Well No. 2 | Pool Name, Including Formation Indian Basin Morrow | Kind of Lease State, Federal or Fee <u>Federal</u> | Lease No. NM029301 |
| Location Unit Letter <u>H</u> : <u>1700</u> Feet From The <u>North</u> Line and <u>1350</u> Feet From The <u>East</u> line Line of Section <u>30</u> Township <u>21S</u> Range <u>24E</u> , NMPM, <u>Eddy</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Marathon Oil Company | Box 1324, Artesia, New Mexico 88210 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Marathon Oil Company | Box 1324, Artesia, New Mexico 88210 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| None set-liquid goes to plant | yes 8/23/85 |

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

NOTE: Complete Parts IV and V on reverse side if necessary.

Post ID-2
9-13-85
Comp + BK

VI. 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 is true and complete to the best of my knowledge and belief.

Peggy Pinckert
(Signature) Peggy Pinckert
Production Clerk
(Title)
8/27/85
(Date)

OIL CONSERVATION DIVISION
APPROVED SEP 10 1985, 19
BY Les A. Clements
TITLE Supervisor District II

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 only Sections I, II, III, and VI 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.

IV. COMPLETION DATA

| | | | | | | | | | |
|---|---------------------------------------|----------|-------------------------|----------|----------------------|-------------------|-----------|--------------|---------------|
| Designate Type of Completion - (X) | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Rest'v. | Diff. Rest'v. |
| | | | X | X | | | | | |
| Date Spudded 2/9/85 | Date Compl. Ready to Prod. 4/28/85 | | Total Depth 9605 | | P.B.T.D. | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3735 GL | Name of Producing Formation Morrow | | Top Oil/Gas Pay 9262 | | Tubing Depth 8670 | | | | |
| Perforations 9262-9477 | | | | | | Depth Casing Shoe | | | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|---------------------------|
| 17 1/2 | 13 3/8 | 214 | 410 sks C1 C w/2% CACL |
| 12 1/4 | 9 5/8 | 2010 | 600 sks Lite. 200 sk C1 |
| 8 3/4 | 7 | 8945 | 1050 sk C1 "H" w/additive |
| | 238 | 8670 | |

V. TEST DATA AND REQUEST FOR ALLOWABLE (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

| | | | |
|--|-----------------------------------|--------------------------------|-----------------------|
| Actual Prod. Test - MCF/D 1298 | Length of Test 24 hrs. | Bbls. Condensate/MMCF 0 | Gravity of Condensate |
| Testing Method (pilot, back pr.) Back Pr. | Tubing Pressure (shut-in) 2550 | Casing Pressure (shut-in) 0 | Choke Size --- |