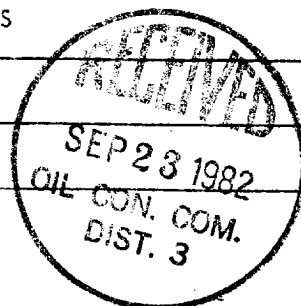


OIL CONSERVATION DIVISION
P.O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DISTRIBUTION	
SANTA FE	
EL PASO	
U.S.G.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	



I. OPERATOR
 Operator: Marathon Oil Company
 Address: P.O. Box 2659, Casper, WY 82602
 Reason(s) for filing (Check proper box):
 New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐
 Recompletion ☐ Casinghead Gas ☐ Condensate ☐
 Change in Ownership ☐ Other (Please explain): _____

If change of ownership give name and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE THIS WELL IS DUAL COMPLETED

Lease Name <u>Jicarilla Apache</u>	Well No. <u>9E</u>	Pool Name, including Formation <u>Blanco Mesaverde</u>	Kind of Lease State, Federal or Fee <u>Contract</u>	Tract <u>251</u>	Lease No. <u>00154</u>
Location Unit Letter <u>0</u> ; <u>1,040</u> Feet From The <u>South</u> Line and <u>1,685</u> Feet From The <u>East</u> Line of Section <u>28</u> Township <u>26N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</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)
<u>Plateau, Inc.</u>	<u>Petroleum Center</u> <u>501 Airport Dr, Ste 114, Farmington, NM 87401</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Northwest Pipeline Corporation</u>	<u>P.O. Box 90, Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit Sec. Twp. Rge.	No SAP

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>9/10/81</u>	Date Compl. Ready to Prod. <u>3/3/82</u>		Total Depth <u>7,611'</u>		P.B.T.D. <u>7,549'</u>			
Elevations (DF, RAB, RT, GR, etc.) <u>6,684' GL, 6,697' KB</u>	Name of Producing Formation <u>Point Lookout</u>		Top Oil/Gas Pay <u>5,233'</u>		Tubing Depth <u>7,224'</u>			
Perforations <u>5,232'-5,236'; 5,246'-5,254'; 5,281'-5,310'; 5,329'-5,336'</u>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>13 3/4"</u>	<u>9 5/8"</u>		<u>522'</u>		<u>450</u>			
<u>7 7/8"</u>	<u>4 1/2"</u>		<u>7,605'</u>		<u>1,805</u>			
	<u>2 3/8"</u>		<u>7,224'</u>					

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 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<u>280</u>	<u>24</u>	<u>0214</u>	<u>55°</u>
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
<u>Orifice</u>	<u>--</u>	<u>1,410 psig</u>	<u>22/64"</u>

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

John C. Kelly
(Signature)
District Operations Manager
(Title)

March 12, 1982
(Date)

OIL CONSERVATION DIVISION

12-13-82
APPROVED DEC 13 1982, 19
BY Frank J. Dwyer
TITLE SUPERVISOR DISTRICT # 3

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 Form O-104 must be filed for each pool in multiply completed wells.