

ILLEGIBLE

OIL CONSERVATION DIVISION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                   |                 |
|-------------------|-----------------|
| 1. OPERATOR       | 2. WELL NAME    |
| 3. WELL NO.       | 4. WELL TYPE    |
| 5. WELL STATUS    | 6. WELL DEPTH   |
| 7. WELL LOCATION  | 8. WELL DATE    |
| 9. WELL OPERATOR  | 10. WELL OWNER  |
| 11. WELL OPERATOR | 12. WELL OWNER  |
| 13. WELL OPERATOR | 14. WELL OWNER  |
| 15. WELL OPERATOR | 16. WELL OWNER  |
| 17. WELL OPERATOR | 18. WELL OWNER  |
| 19. WELL OPERATOR | 20. WELL OWNER  |
| 21. WELL OPERATOR | 22. WELL OWNER  |
| 23. WELL OPERATOR | 24. WELL OWNER  |
| 25. WELL OPERATOR | 26. WELL OWNER  |
| 27. WELL OPERATOR | 28. WELL OWNER  |
| 29. WELL OPERATOR | 30. WELL OWNER  |
| 31. WELL OPERATOR | 32. WELL OWNER  |
| 33. WELL OPERATOR | 34. WELL OWNER  |
| 35. WELL OPERATOR | 36. WELL OWNER  |
| 37. WELL OPERATOR | 38. WELL OWNER  |
| 39. WELL OPERATOR | 40. WELL OWNER  |
| 41. WELL OPERATOR | 42. WELL OWNER  |
| 43. WELL OPERATOR | 44. WELL OWNER  |
| 45. WELL OPERATOR | 46. WELL OWNER  |
| 47. WELL OPERATOR | 48. WELL OWNER  |
| 49. WELL OPERATOR | 50. WELL OWNER  |
| 51. WELL OPERATOR | 52. WELL OWNER  |
| 53. WELL OPERATOR | 54. WELL OWNER  |
| 55. WELL OPERATOR | 56. WELL OWNER  |
| 57. WELL OPERATOR | 58. WELL OWNER  |
| 59. WELL OPERATOR | 60. WELL OWNER  |
| 61. WELL OPERATOR | 62. WELL OWNER  |
| 63. WELL OPERATOR | 64. WELL OWNER  |
| 65. WELL OPERATOR | 66. WELL OWNER  |
| 67. WELL OPERATOR | 68. WELL OWNER  |
| 69. WELL OPERATOR | 70. WELL OWNER  |
| 71. WELL OPERATOR | 72. WELL OWNER  |
| 73. WELL OPERATOR | 74. WELL OWNER  |
| 75. WELL OPERATOR | 76. WELL OWNER  |
| 77. WELL OPERATOR | 78. WELL OWNER  |
| 79. WELL OPERATOR | 80. WELL OWNER  |
| 81. WELL OPERATOR | 82. WELL OWNER  |
| 83. WELL OPERATOR | 84. WELL OWNER  |
| 85. WELL OPERATOR | 86. WELL OWNER  |
| 87. WELL OPERATOR | 88. WELL OWNER  |
| 89. WELL OPERATOR | 90. WELL OWNER  |
| 91. WELL OPERATOR | 92. WELL OWNER  |
| 93. WELL OPERATOR | 94. WELL OWNER  |
| 95. WELL OPERATOR | 96. WELL OWNER  |
| 97. WELL OPERATOR | 98. WELL OWNER  |
| 99. WELL OPERATOR | 100. WELL OWNER |

|                                                                     |                                                          |
|---------------------------------------------------------------------|----------------------------------------------------------|
| 1. OPERATOR<br>Marathon Oil Company                                 |                                                          |
| 2. ADDRESS<br>P.O. Box 2659, Casper, Wyoming 82602                  |                                                          |
| 3. PRODUCTION, INCLUDING LEASE PROPORTION                           | 4. OTHER (LEASE REPORT)                                  |
| 5. NEW WELL <input type="checkbox"/>                                | 6. CHANGE IN TRANSPORTER OF OIL <input type="checkbox"/> |
| 7. RECOMPLETION <input type="checkbox"/>                            | 8. OIL <input type="checkbox"/>                          |
| 9. CHANGE IN OPERATOR <input type="checkbox"/>                      | 10. CONDENSATE GAS <input type="checkbox"/>              |
| 11. IF CHANGE OF OWNERSHIP, GIVE NAME AND ADDRESS OF PREVIOUS OWNER |                                                          |

|                                                                                         |                                                                |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------|
| II. DESCRIPTION OF WELL AND LEASE                                                       |                                                                |
| 1. LEASE NAME<br>Frontier<br>Aztec "B"                                                  | 2. WELL NAME, INCLUDING FORMATION<br>1 Basin Dakota            |
| 3. LOCATION<br>Unit Letter L : 1850 Feet From The South Line and 790 Feet From The West | 4. KIND OF LEASE<br>SF 080332<br>Date, Federal or Free Federal |
| 5. LINE OF SECTION 28 Township 27N Range 11W                                            | 6. COUNTY San Juan                                             |

|                                                                                                                             |                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS                                                                      |                                                                                                                            |
| 1. NAME OF AUTHORIZED TRANSPORTER OF OIL <input type="checkbox"/> or CONDENSATE <input checked="" type="checkbox"/>         | 2. ADDRESS (GIVE ADDRESS TO WHICH APPROVED COPY OF THIS FORM IS TO BE SENT)<br>P.O. Box 1702, Farmington, New Mexico 87401 |
| 3. NAME OF AUTHORIZED TRANSPORTER OF CONDENSATE GAS <input type="checkbox"/> or OIL GAS <input checked="" type="checkbox"/> | 4. ADDRESS (GIVE ADDRESS TO WHICH APPROVED COPY OF THIS FORM IS TO BE SENT)<br>P.O. Box 990, Farmington, NM 87499          |
| 5. IF WELL PRODUCES OIL OR NATURAL GAS, GIVE LOCATION OF TANKS<br>Unit L Sec. 28 Twp. 27N Rge. 11W                          | 6. IS GAS ACTUALLY CONNECTED? <input type="checkbox"/>                                                                     |

|                                                |                                          |
|------------------------------------------------|------------------------------------------|
| IV. COMPLETION DATA                            |                                          |
| Designate Type of Completion - (X)             |                                          |
| <input checked="" type="checkbox"/> Oil well   | <input type="checkbox"/> Gas well        |
| <input type="checkbox"/> New well              | <input type="checkbox"/> Workover        |
| <input type="checkbox"/> Deepen                | <input type="checkbox"/> Plug back       |
| <input type="checkbox"/> Same as last          | <input type="checkbox"/> Drill, Re-drill |
| 1. DATE COMPLETED                              | 2. DATE COMPLETION READY TO PRODUCE      |
| 3. TOTAL DEPTH                                 | 4. P.B.T.C.                              |
| 5. ELEVATIONS (D.F., R.A.S., R.T., G.R., etc.) | 6. NAME OF PRODUCING FORMATION           |
| 7. TOP OIL/GAS PAY                             | 8. TUBING DEPTH                          |
| 9. PERFORATIONS                                | 10. DEPTH CASING SHOE                    |
| TUBING, CASING, AND CEMENTING RECORD           |                                          |
| 1. HOLE SIZE                                   | 2. CASING & TUBING SIZE                  |
| 3. DEPTH SET                                   | 4. SACKS CEMENT                          |

|                                                                                                                                               |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 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) |                    |
| 1. DATE FIRST NEW OIL RUN TO TANKS                                                                                                            | 2. DATE OF TEST    |
| 3. LENGTH OF TEST                                                                                                                             | 4. TUBING PRESSURE |
| 5. ACTUAL PROD. DURING TEST                                                                                                                   | 6. OIL - BBL.      |
| 7. WATER - BBL.                                                                                                                               | 8. GAS - MCF       |
| OIL COR. DIV. DIST. 3                                                                                                                         |                    |

|                              |                              |
|------------------------------|------------------------------|
| GAS WELL                     |                              |
| 1. ACTUAL PROD. TEST - MCF/D | 2. LENGTH OF TEST            |
| 3. TUBING PRESSURE (SHUT-IN) | 4. CASING PRESSURE (SHUT-IN) |
| 5. GRAVITY OF CONDENSATE     | 6. CHOKER SIZE               |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| I. 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.                                                                                                                                                                                                                                                                                                                                                                                 |  |
| DOYLE L. JONES<br>District Operations Manager<br>April 1, 1985                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| OIL CONSERVATION DIVISION<br>APPROVED<br>BY<br>TITLE<br>SUPERVISOR DISTRICT # 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| This form is to be filed in compliance with RULE 1104.<br>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.<br>All sections of this form must be filled out completely for allowable on new and recompleted wells.<br>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.<br>Separate Forms U-104 must be filed for each pool in multiple completion wells. |  |