

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

Form OCS-1  
REVISED 10-1-78

STATE OF NEW MEXICO	
DEPARTMENT OF ENERGY, MINES AND METALS	
DISTRICT OFFICE	
SANTA FE	
FILE	
W.C.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
Casperson	

**REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

**I.** Marathon Oil Company  
Address  
P.O. Box 2659, Casper, Wyoming 82602

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:  
 Recombination  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner Husky Oil Company, 6060 South Willow Drive, Englewood, Colorado 80111

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Alice Bolack</u>	Well No. <u>12</u>	Pool Name, including Formation <u>Kutz Pictured Cliffs</u>	Kind of Lease State, Federal or Fee <u>SF 078872A Federal</u>	Lease No.
Location Unit Letter <u>C</u> : <u>990</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>15</u> Township <u>27N</u> Range <u>11W</u> , NMPM, <u>San Juan,</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"/> <u>Plateau, Incorporated</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 489, Bloomfield, NM 87413</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 990, Farmington, NM 87499</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>C</u> Sec. <u>15</u> Twp. <u>27N</u> Rge. <u>11W</u>	Is gas actually connected? <input type="checkbox"/> When

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 Resrv.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RAS, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations						Depth Casing Shoe		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

**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
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**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.

Doyle Zorn  
(Signature)

District Operations Manager  
(Title)

June 28, 1984  
(Date)

**OIL CONSERVATION DIVISION**

APPROVED JUL 12 1984 19

BY Frank...

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 Forms OCS-104 must be filed for each pool in completed wells.