

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

MAR 06 1985

OIL CON. DIV.
DIST. 3

I. OPERATOR	
Marathon Oil Company	
Address P.O. Box 2559, Casper, Wyoming 82602	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☒
Recompletion ☐	Other (Please explain)
Change in Ownership ☐	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Alice Bolack	Well No. 12	Pool Name, including Formation Kutz Pictured Cliffs	Kind of Lease SF 078872A	Lease No.
Location Unit Letter C : 990 Feet From The North Line and 1650 Feet From The West	Line of Section 15	Township 27N	Range 11W	N.M.P.M. San Juan, County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Gary Energy Corporation	Address (Give address to which approved copy of this form is to be sent) 115 Inverness Dr. East Englewood CO 80112
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ El Paso	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks. Unit C, Sec. 15, Twp. 27N, Rge. 11W	Is gas actually connected? 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 as prev.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (D.F., R.A.S., R.T., G.R., etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
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 (flow, back prod.)	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 L. Jones

District Operations Manager

February 11, 1985

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

MAR 06 1985

SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1304.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a certification of the deviation, tests taken on the well in accordance with RULE 131.

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 0-104 must be filed for each pool in a completed well.