

OIL CONSERVATION DIVISION
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. PRODUCTION OFFICE	
Marathon Oil Company	
Address P.O. Box 2659, Casper, Wyoming 82602	
Reasons for filing: Check proper box	Other (Please explain)
New Well ☐	Change in Transporter Of: Oil ☐ Dry Gas ☐
Recompletion ☐	Casinghead Gas ☐ Condensate ☒
Change in Ownership ☐	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Schwerdtfeger	Well No. 9	Pool Name, including Formation Kutz Pictured Cliffs	Kind of Lease SF 080382A	Lease No.
Location Unit Letter A : 990 Feet From The North Line and 990 Feet From The East			State, Federal or Free Federal	
Line of Section 17 Township 27N Range 11W NMPM San Juan, County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	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 ☒	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 A	Sec. 17	Twp. 27N	Range 11W

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 resist.	Diff. Resist.
Date Spudded	Date Compl. ready to Prod.	Total Depth		P.S.T.D.					
Elevations (DF, RAS, RT, GR, 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/MCF	Gravity of Condensate
Testing method (flow, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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