

OIL CONSERVATION DIVISION
SANTA FE NEW MEXICO 87401

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TRANSPORTER	Oil
TRANSPORTER	Gas
OPERATION	
PRODUCTION	

I. **Marathon Oil Company**

Address: **P.O. Box 2659, Casper, Wyoming 82602**

Reasons for filing: New property
 New well
 Recombination
 Change in ownership

Change in Transporter of: Oil Gas Both
 Gas: Oil:

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

II. **DESCRIPTION OF WELL AND LEASE**

Lease Name: **Schwandtfefer** Well No./ Prod. Name, including Formation: **9 / Kutz Pictured Cliffs** Kind of Lease: **SF 080382A** Lease No.: _____
 Location: _____ State, Federal or Est: **Federal**

Unit Letter: **A** : **990** Feet From The **North** Side and **990** Feet From The **East** Side

Line of Section: **17** Township: **27N** Range: **11W** N.M.W. **San Juan** County: _____

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil: **The Permian Corporation** Address: **P.O. Box 1702, Farmington, New Mexico 87401**
 Name of Authorized Transporter of Gas: **El Paso** Address: **P.O. Box 990, Farmington, NM 87499**

If well produces oil or liquids, give location of tanks: _____ Unit: **A** Sec: **17** Twp: **27N** Rng: **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 well	Diff. Well
Date Spaced	Date Comp. ready to Prod.	Total Depth	P.S.T.D.					
Elevations (CF, RAS, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations							Depth casing shoe	
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUB NG SIZE		DEPTH SET			SACKS CEMENT		

V. **TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** (Test must be over recovery of total volume of test oil and must be equal to or exceed top allowable for this well or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (1-10)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

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OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Grav. Condensate, MCF	Gravity of Condensate
Testing Method (flow, back prod)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Case 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 *Doyle L. Jones*
 District Operations Manager
 April 1, 1985

OIL CONSERVATION DIVISION

APPROVED: *Frank J. [Signature]* **APR 03 1985**
 BY: _____ **SUPERVISOR DISTRICT # 3**

TITLE: _____

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 report of the Division from a log of the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable on new and reworked wells.
 Fill out only sections I, II, III and VI for change of owner, well log or completion or other such change of condition.
 Separate forms must be filed for each pool in multiply completed wells.