

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Aztec, NM 88210

DISTRICT III
1000 Rio Blanco Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Marathon Oil Company		Well APN No. 30-045-29008
Address P.O. Box 552, Midland, Texas, 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

RECEIVED
FEB - 4 1994
OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name SCHWERDTFEGER "17"	Well No. 1R	Pool Name, Including Formation BASIN FRUTLAND COAL	Kind of Lease State, Federal or Fee FEDERAL	Lease No. SF-080382-A
Location Unit Letter I : 1605 Feet From The SOUTH Line and 1135 Feet From The EAST Line Section 17 Township 27 NORTH Range 11 WEST, NMPM, SAN JUAN County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Water Prod # 3805040	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NATURAL GAS 2805039	Address (Give address to which approved copy of this form is to be sent) PO BOX 4990 FARMINGTON, NEW MEXICO 87499					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rgn.	Is gas actually connected? YES	When? 1-31-94

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 Res'v	Diff Res'v
		X	X					
Date Spudded 11-26-93	Date Compl. Ready to Prod. 1-26-94		Total Depth 2090		P.B.T.D. 2034			
Elevations (DF, RKB, RT, GR, etc.) GL:6210 KB:6222	Name of Producing Formation FRUTLAND COAL		Top Oil/Gas Pay 1839		Tubing Depth 1880			
Perforations 1839-42, 1847-59, 1865-78					Depth Casing Shoes 2090			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8", 24#, K-55		363		300 SX, CIRC 25 SX			
7 7/8"	5 1/2", 15.5#, K-55		2090		440 SX			
		2 3/8"	SN @ 1880'					

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 Tank	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 206 238	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 173	Casing Pressure (Shut-in) 173	Choke Size 32/64"

VI. OPERATOR 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.

Signature
R.A. BIERNBAUM
Printed Name
2-2-94
Date
Title
OPERATIONS SUPER
915-682-1626
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB - 9 1994
By Original Signed by CHARLES G. OLSON
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.