CHATE OF BOTTON TO THE STATE OF THE STATE OF

OR CONSURANTION DIVISION P. O. BOX 2003 SANTA FE NEW MEXICO 87501

	FILF U E.G.E. LAND OFFICE	SANTA FE, NEW	R ALLOWABLE	
	AND OPENATOR AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
1.	Ciercotor Marathon Oil Company			
	Marathon Oil Company Address P.O. Box 2659, Casper, Wyoming 82602 Reason(s) To: filing (Check proper box) Tiew Well X Change in Transporter of: Recompletion OII Dry Gas Change in Ownership Casinghead Gas Condensate			
	P.U. BOX 2659, Cas		Other (Please explain)	MEGE
	liew Wall	Change in Transporter of:		8 1984
	Recompletion Change in Ownership	OII Dry Gas Casinghead Gas Conden	≒ I	John DIVE
	If change of ownership give name and address of previous owner			OIL CON. DIV.
11.	DESCRIPTION OF WELL AND LEASE			
	Lease Name	Well No. Pool Name, Including Fo	Graneros Section Kind of Leas	וווו טבטסטט ן -
Location 1570 Courth 1660				Magh
	Unit Letter K : 1570 Feet From The South Line and 1660 Feet From The West			
	Line of Section 23 Township 28N 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 b				oved copy of this form is to be sent)
	Permain Co.		P.O. Box 1702, Farming	ton, NM 87401
	Name of Authorized Transporter of Cas El Paso El Paso Real	inghead Gas or Dry Gas	Address (Give address to which appropriate P.O. Box 990, Farmingt	· ·
	if well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? , Wh	en
	give location of tanks.	K 23 28N 11W	Yes 5-30-84	
iv.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completio		New Well Workbyer Deepen	i i i
	Date Spuaded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	10-8-80	2-16-84 Name of Producing Formation 2	6305 Top Gil/Gas Pay	6065' Tubing Depth Bottom of
	Elevations (DF, RKS, RT, GR, etc.) 5555 GL, 5565 KB	Graneros Section of Dakota	5996' - 6008'	6009' KB Perf. Sub.
	S994-6008			
			DEMENTING RECORD	SACKS CEMENT
	12½"	9 5/8" 36#, K-55	529'	300
	8 3/4"	7" 20# . K-55	1849	275
	6½"	$\frac{14\frac{1}{2}}{11.6}$ \(\frac{1}{2} \) \(\frac{1} \) \(\frac{1} \) \(\frac{1}{2} \) \(\frac{1}{2}	<u> 1434~ 6300'</u> 6009'	725
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total wable for this depth or be for full 24 ho				and must be equal to or exceed top allow-
OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump. gas lift, etc.)				
			Casing Preseure	Choxe Size
	Length of Test	Tubing Pressure		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF
	GAS WELL Actual Prog. Tool-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate .784 Con
	52	24	Casing Pressure (Shut-in)	56.6 Cond.
	MOC Test conomittee	Tubing Pressure(shut-in) 155 DSi	155 psi	30/64
\ 1	MOC Test seperator CERTIFICATE OF COMPLIANCE		OIL CONSERVA	TION DIVISION
* * .	JUN 25 1984 18			
	I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given		Original Signed by FRANK T. CHAVEZ	
	above is time and complete to the best of my knowledge and belief.		SUPERVISOR DISTRICT # 3	
			TITLE	
_	De la la James Gra M. R. Romano		This form is to be filed in compliance with NULE 1104. If this is a request for allowable for a newly drilled or deepened	
_	Doyle L. Jores/ (Signal	away)	well, this form must be accompanied by a isbulgtion 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.	
	District Operation	ns Manager		
	6-25-84		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.	
	(Da	(e)	Sense to be been C-104 must be filed for each pool in multiply	

well mane or number, or transporter, or other such change of condition. Repairte home C-104 must be filed for each pool in multiply completed wells.