

OIL CONSERVATION DIVISION

P. O. BOX 2080

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF LESSEE/OWNER		
DISTRIBUTION		
SANTAFE		
FILE		
VALUE		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		
Operator		

Marathon Oil Company

Address

P. O. Box 2409 Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well ☐

Change in Transporter of:

Recompletion ☐Oil ☐Dry Gas ☐Change in Ownership ☐Casinghead Gas ☐Condensate ☐

Other (Please explain) Changing well from Kobe Hydraulic pumping system to a conventional pumping unit. The 725 bbl. of oil being sold is the power oil which ran the Kobe unit.

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

1. DESCRIPTION OF WELL AND LEASE

Lessee Name State NPA	Well No. 1	Pool Name, Including Formation Scharb - Bone Springs	Kind of Lease State, Federal or Fee	State	Lease No. 1506
Location Unit Letter <u>L</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>6</u> Township <u>19-S</u> Range <u>35-E</u> , NMPM, <u>Lea</u> County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation Permian (Eff. 9 / 1 / 87)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119 - Midland Texas 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 67 - Monument, New Mexico 88265					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 6	Twp. 19S	Rge. 35E	Is gas actually connected? Yes	When 3-8-64

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RKB, 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			

2. 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 (spiral, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

3. 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.

Steven A. Pohler

(Signature)

Production Engineer

(Title)

December 8, 1983

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 12 1983, 19____BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

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 tabulation of the deviation tests taken on the well in accordance with RULE 111.

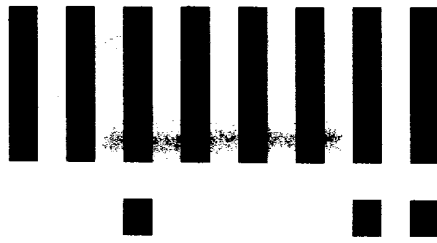
All sections of this form must be filled out completely for allowable on new and recompleted wells.

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

1983

RECEIVED
DEC 9 1983
FBI



LTR



Job separation sheet

NO. OF COPIES RECEIVED	
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FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
1506

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER-
2. Name of Operator
Marathon Oil Company
3. Address of Operator
P.O. Box 2409 Hobbs, New Mexico
4. Location of Well
UNIT LETTER L, 1980 FEET FROM THE South LINE AND 660 FEET FROM
THE West LINE, SECTION 6 TOWNSHIP 19-S RANGE 35-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)
KDB 3920, GR 3901

7. Unit Agreement Name
8. Farm or Lease Name
State NPA
9. Well No.
1
10. Field and Pool, or Wildcat
Scharb-Bone Springs
12. County
Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐
PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Purpose to: Circulate pump out of hole.
Rig up pulling unit, pull tubing and packer.
Go in hole w/6 1/4" bit on 2 3/8" tubing, clean out to PBTD 10,180'.
Spot 150 gal. 15% HCl from 10,180'.
POOH w/tubing.
Rig up and perforate Lower Bone Springs w/4 JSPF from 10,167 - 79'.
Go in hole w/7" treating packer on 2 3/8" tubing and stimulate zone from
10,152 - 10,179' w/2000 gal. 15% HCl.
POOH w/treating packer
RIH w/Guiberson KVL-30 packer and Pump.
Return well to production.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Ralph M. DePauw TITLE Production Engineer DATE 3-4-80

APPROVED BY [Signature] TITLE [Signature] DATE MAR 5 1980
CONDITIONS OF APPROVAL, IF ANY: