

Submittal Office
 Accounts-Clerical Office
 DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Div

See Instructions
 at Bottom of Page

OIL CONSERVATION DIVISION

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

AUG 13 1992

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

DISTRICT III
 1000 Rio Arriba Rd., Alamogordo, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I. Operator Marathon Oil Company Well APN No. 30-005-62899

Address P.O. Box 552 Midland, Texas 79702

Reasons for Filing (Check proper box) New Well Recombination Change in Operator Other (Please explain) Change in Transporter of:
 Oil Dry Gas Casinghead Gas Condensate

II. DESCRIPTION OF WELL AND LEASE
 Lease Name Marathon Federal Well No. 2 Pool Name, including Formation South Lone Wolf (Devonian) Kind of Lease State, Federal or Fee Lease No. NM 62195

Location
 Unit Letter F : 1650 Feet From The North Line and 1980 Feet From The West Line
 Section 33 Township 13-5 Range 29-E NMPM Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil Pride Pipeline Co. or Condensate Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436, Abilene, TX 79604

Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) _____
 If well produces oil or liquids, give location of tanks: Unit F Sec. 3 Twp. 13-S Rgn. 29-E Is gas actually collected? NO When? _____

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	Stems-Basis	DIT Rev
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Spudded <u>6/6/92</u>	Date Compl. Ready to Prod. <u>7/21/92</u>	Total Depth <u>9850'</u>	P.B.T.D. <u>9776'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>GL-3719.7; KB-3739.7</u>	Name of Producing Formation <u>Devonian</u>	Top Oil/Gas Pay <u>9750'</u>	Tubing Depth					
Performances <u>9750'-9784'</u>	Depth Casing Shoe <u>9848'</u>							

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2"</u>	<u>13 3/8"</u>	<u>310'</u>	<u>320</u>
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>2299'</u>	<u>1612</u>
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>9848'</u>	<u>240</u>

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL (Test must be after recovery of total volume of lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)
 Date First New Oil Ran To Tank 7/30/92 Date of Test 8/8/92 Producing Method (Flow, pump, gas lift, etc.) Pump
 Length of Test 24 Hr Tubing Pressure -- Casing Pressure 4 PSI Choke Size --
 Actual Prod. During Test Oil - Bbls. 237 Water - Bbls. 72 Gas - MCF TSTM

GAS WELL
 Actual Prod. Test - MCF/D _____ Length of Test _____ Bbls. Condensate/MCF _____ Gravity of Condensate _____
 Testing Method (press. back pr.) _____ Tubing Pressure (Shut-in) _____ Casing Pressure (Shut-in) _____ Choke Size _____

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.
Thomas M. Price
 Signature: Thomas M. Price, Advanced Eng. Tech
 Printed Name: 8/11/92 Title: 915/682-1626
 Date: _____ Telephone No. _____

OIL CONSERVATION DIVISION
 Date Approved SEP 16 1992
 By ORIGINAL SIGNED BY
MIKE WILLIAMS
 Title SUPERVISOR, DISTRICT II

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.