

OIL CONSERVATION DIVISION

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

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

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

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

Operator Marathon Oil Company		Well API No. 30-015-27168
Address P.O. Box 552, Midland, Texas, 79702		
Reason(s) for Filing (Check proper box)		<input checked="" type="checkbox"/> Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	REQUEST TEST ALLOWABLE OF 1000 BARRELS PRODUCED WHILE LOGGING FOR COMPLETION
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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name INDIAN HILLS STATE COM.	Well No. 3	Pool Name, Including Formation UPPER PENN DOLOMITE	Kind of Lease State, Federal or Fee STATE	Lease No. E-10083
Location Unit Letter D : 660 Feet From The NORTH Line and 660 Feet From The WEST Line Section 36 Township 20-S Range 24-E , NMPM , EDDY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil SCURLOCK-PERMIAN	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 4648 HOUSTON ,TX. 77210-4648
Name of Authorized Transporter of Casinghead Gas MARATHON OIL INDIAN BASIN GP	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO BOX 552 MIDLAND, TX. 79702
If well produces oil or liquids, give location of tanks.	Unit D Sec. 36 Twp. 20-S Rge. 24-E	Is gas actually connected? 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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11-10-92	Date Compl. Ready to Prod. 12-15-92	Total Depth 7988'	P.B.T.D. 7938'					
Elevations (DF, RKB, RT, GR, etc.) GL: 3631' KB:3646'	Name of Producing Formation DAGGER DRAW UPPER PENN	Top Oil/Gas Pay 7712'	Tubing Depth 7614'					
Perforations 7712-7770 W/2JSPF 116 HOLES		Depth Casing Shoe 7987'						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	9 5/8" 36#	1198'	800					
8 3/4"	7" 26# & 23#	7987'	1175					
	2 7/8"	7614'						

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 12-15-92	Date of Test 12-17-92	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HRS	Tubing Pressure 275#	Casing Pressure PKR	Choke Size 48/68"
Actual Prod. During Test	Oil - Bbls. 94	Water - Bbls. 547	Gas- MCF 955

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 ADV. ENG. TECH.
 Printed Name
12-18-92 Title
915-682-1626
 Date Telephone No.

OIL CONSERVATION DIVISION

DEC 30 1992

Date Approved _____
 By *MA [Signature]*
 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.