

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 <b>Marathon Oil Company</b>		Well API No. <b>30-015-24941</b>
Address <b>P.O. Box 552, Midland, Texas, 79702</b>		
Reason(s) for Filing (Check proper box)		<input type="checkbox"/> Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" 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 <b>MCCORD "A"</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>BURTON FLAT (STRAWN)</b>	Kind of Lease State, Federal or Fee <b>EEE</b>	Lease No. <b>483340</b>
Location Unit Letter <b>P</b> <b>660</b> Feet From The <b>SOUTH</b> Line and <b>560</b> Feet From The <b>EAST</b> Line Section <b>19</b> Township <b>21S</b> Range <b>27E</b> , <b>NMPM</b> , <b>EDDY</b> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>BOX 1992 LOVINGTON NM 88260</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>7120 I-40 WEST AMARILLO, TX 79102</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>P</b>	Sec. <b>19</b>	Twp. <b>21</b>	Rge. <b>27</b>	Is gas actually connected? <b>YES</b>	When? <b>8-1-93</b>

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
		<b>X</b>		<b>X</b>				<b>X</b>
Date Spudded <b>7-8-93</b>	Date Compl. Ready to Prod. <b>8-14-93</b>		Total Depth <b>11670</b>		P.B.T.D. <b>11621</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>GL: 3147 KB: 3168</b>	Name of Producing Formation <b>STRAWN</b>		Top Oil/Gas Pay <b>10710</b>		Tubing Depth <b>11338</b>			
Perforations					Depth Casing Shoe <b>4 1/2 @ 11670'</b>			

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
SEE ORIGINAL	COMPLETION REPORT		

**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 <b>100</b>	Length of Test <b>24 HR</b>	Bbls. Condensate/MMCF <b>0</b>	Gravity of Condensate <b>-</b>
Testing Method (pilot, back pr.) <b>BACK PRESS.</b>	Tubing Pressure (Shut-in) <b>3950</b>	Casing Pressure (Shut-in) <b>3950</b>	Choke Size <b>64/64</b>

**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. ENGIN. TECH.  
 Printed Name  
**8-23-93** Title  
**915-682-1626**  
 Date Telephone No.

**OIL CONSERVATION DIVISION**

**OCT 7 1993**  
 Date Approved \_\_\_\_\_  
 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.