

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF WELL	
LOCATION	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Marathon Oil Company

P. O. Box 2409, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	☒	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Condensate	☐

Casinghead Gas MUST NOT BE
FLARED AFTER 2/1/82
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Well Name, including Formation	Kind of Lease	Lease No.				
Delmont L. Hatfield	1	Wildcat	State, Federal or Fee	Fee				
Location								
Unit Letter	J	1980	Feet From The South	Line and 1765'				
Line of Section	23	Township	16S	Range	38E	NMPM	Lea	County

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 be sent)		
Western Crude Oil Inc				405 West Indiana, Midland, Texas 79701		
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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	23	16S	38E	No	

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 Reservoir	Diff. Res.
	☒		☒					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
9/5/81	12/1/81	9000'	8385'					
Elevations (DF, RNE, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3696 GR: 3715 KB	Abo Reef	8267	8126'					
Perforations	8267, 68, 76, 77, 85, 86, 88, 89, 90, 91, 92, 93, 94, 95, 96, 8303, 04, 05, 06, 07, 08, 09, 14, 15, 24, 26, 27, 29, 30, 44, 45, 45, 46, 54, 55, 56, 57, 58, 59, 60.	TUBING, CASING, AND CEMENTING RECORD	Depth Casing Shoe					
			8625					

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	342'	375 sxs.
12 1/4"	9 5/8"	4229'	1700 sxs.
8 1/2"	5 1/2"	8625'	3025 sxs.
	2 3/8"	8126'	

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.)	
12/1/81	12/2/81	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	325 psi	pkc	11/64
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
382 BBLs	382 BO	Trace	14.8

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

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.

William D. Helmer
(Signature)

District Operations Engineer

12-7-81
(Date)

OIL CONSERVATION DIVISION

DEC 9 1981

APPROVED _____, 19____

BY _____
Orig. Signed by
Jerry Sexton
Dist. L. Supp.

TITLE _____

This form is to be filed in compliance with RULE 1103.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate 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. This form must be filed for each pool in multiple.