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Appropriate District Office Appropriate DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Depa

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

·•		OTRA	NSPC	ORT OIL	AND NA	TURAL GA	U_II A	DI No			
Operator						Well API No. 30_025_29006					
Marathon Oil Company						30-025-29006					
Address	nd ma	-20	79702	>							
P. O. Box 552, Midlar Reason(s) for Filing (Check proper box)	<u>na, rex</u>	.a5	13102	<del>-</del>	Oth	a (Please expla	in)				
New Well		Change in	Transpor	nter of:	_	·					
Recompletion	Oil		Dry Gas								
Change in Operator	Casinghea	d Gas 🔲	Conden	gate 🗌							
change of operator give name	<del></del>										
nd address of previous operator					-						
I. DESCRIPTION OF WELL	AND LE						Vio.d.		1.0	ase No.	
Lease Name		Well No. Pool Name, Including			ng Formation		Kind of Lease State, Federal or Fee Lease No.				
Phillips 'P'		1	Town	nsend,	Permo U	Penn					
Location		2227		<b>–</b> No	and by the	and .660	) E.	et From The .	West	Line	
Unit Letter	_ :	3327	Feet Fro	om The LY.	orth_Lin	8 andUU		er Lion inc.			
Section 5 Townshi	p 169	:	Range	36E	, N	MPM,	Lea			County	
Section 1 Towns	<u> </u>										
II. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS			2.11.			
Name of Authorized Transporter of Oil		or Conden	ante		Address (Giv	e address to wh					
Permian SCURLOCK PERMIAN CORP EFF 9-1-91					P.O. Box 838, Hobbs, New Mexico 88240						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
Warren Petroleum					P. O. Box 1589, Tulsa, Oklahoma 74  Is gas actually connected? When?					JZ	
If well produces oil or liquids, give location of tanks.	Unnit Sec.		Twp.   Rge.   16   36		Yes			2/15/85			
If this production is commingled with that				_		ber:					
IV. COMPLETION DATA			p, <b>g</b> -	•							
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		İ				<u> </u>	<u> </u>	<u></u>		<u> </u>	
Date Spudded	Date Com	Date Compi. Ready to Prod.				Total Depth			P.B.T.D.		
					Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	lame of Producing Formation				100 000 000					
Perforations					ļ			Depth Casin	ng Shoe		
renorations											
	-	TIBING	CASI	NG AND	CEMENT	NG RECOR	D			·	
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
TIOLE GIES											
					<u> </u>			<del></del>			
			ADIE		1						
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR	ALLOW	ABLE	ail and mus	s he emial to a	e exceed top all	owable for th	is depth or be	for full 24 hou	ers.)	
OIL WELL (Test must be after	Date of To		e of toda	OU UNU MAS	Producing N	lethod (Flow, p.	ump, gas lift,	etc.)			
Date First New Oil Run To Tank	Date of 10	Ç <b>A</b> L									
Length of Test	Tubing Pr	Tubing Pressure				ure		Choke Size	•		
Torregion or 1 and								Con Mari	Gas- MCF		
Actual Prod. During Test	Oil - Bbla	Oil - Bbls.				Water - Bbis.			Car MICF		
					J						
GAS WELL									TATE OF THE PARTY		
Actual Prod. Test - MCF/D	- MCF/D Length of Test					nsate/MMCF		Gravity of Condensate			
	İ					(9			Choke Size		
Testing Method (pitot, back pr.)	od (pitot, back pr.) Tubing Pressure (Shut-m)				Casing Pressure (Shut-in)						
					-\r						
VL OPERATOR CERTIFIC	CATE O	F COM	PLIA!	NCE		OIL CO	NSFRV	/ATION	DIVISI	NC	
I hereby certify that the rules and regr	ulations of th	e Oil Cons	ervation			OIL OO	102.11				
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.								۵۱,	N & 3 i	131	
is true and complete to the best of my	, who we write	veliei.			Dat	e Approve	ea				
CARL A. BA	1 1211				_						
<u></u>					By.			<u>***</u>	te joy y		
Carl A. Bagwell, En	gineeri	ng Tec	chnic:	ian				,			
Printed Name		.015	Tille	()(	Title	9					
1/22/91	{	412) t	287-T	<u>0∠b</u> <b>No</b> .							

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.