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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Marathon Oil Company		Well API No. 30-025-03082
Address P.O. Box 552, Midland, Texas, 79702		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) DOWNHOLE COMMINGLE
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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 WARN STATE A/C 2	Well No. 8	Pool Name, including Formation VACUUM (ABO REEF)	Kind of Lease State, Federal or Fee STATE	Lease No. 874850
Location Unit Letter <u>N</u> : <u>330</u> Feet From The <u>SOUTH</u> Line and <u>2233</u> Feet From The <u>WEST</u> Line Section <u>6</u> Township <u>18-S</u> Range <u>35-E</u> , <u>NMPM</u> , <u>LEA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil TX-NM PIPELINE <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) BOX 60028 SAN ANGELO, TX., 79706-0028					
Name of Authorized Transporter of Casinghead Gas GPM <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK ODESSA, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 6	Twp. 18-S	Rge. 35-E	Is gas actually connected? YES	When? JULY 1993

If this production is commingled with that from any other lease or pool, give commingling order number: _____

DHC-907

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v X
Date Spudded 7/7/93	Date Compl. Ready to Prod. 7/8/93		Total Depth 8867'		P.B.T.D. 8778'			
Elevations (DF, RKB, RT, GR, etc.) GL: 3976'	Name of Producing Formation ABO REEF		Top Oil/Gas Pay 7939'		Tubing Depth 8758'			
Perforations					Depth Casing Shoe 8867'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	13-3/8"		357'		350			
	9-5/8"		3199'		1440			
	5-1/2"		8866'		900			
	2-3/8"		8287'					

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 7/8/93	Date of Test 7/14/93	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HOURS	Tubing Pressure ---	Casing Pressure 30	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 18	Water - Bbls. 22	Gas- MCF 131

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.

Signature Thomas M. Price TECHNICIAN
Printed Name THOMAS M. PRICE Title
Date 7/20/93 Telephone No. 915-682-1626

OIL CONSERVATION DIVISION

Date Approved JUL 23 1993

By Paul Kautz Orig. Signed by
Geologist

Title _____

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.

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