

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

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) <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 <u>Cancel Vacuum Drilling</u>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name WARN STATE A/C 2	Well No. 8	Pool Name, including Formation VACUUM (DRINKARD)	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 2528 HOBBS, NM 88241					
Name of Authorized Transporter of Casinghead Gas GPM <u>gas corp</u> <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? CIRCA 1963
If this production is commingled with that from any other lease or pool, give commingling order number: PC-822						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded 01/13/93	Date Compl. Ready to Prod. 01/24/93		Total Depth 8867'			P.B.T.D. 8385'		
Elevations (DF, RKB, RT, GR, etc.) GL: 3976'	Name of Producing Formation DRINKARD		Top Oil/Gas Pay 7939'			Tubing Depth 8287'		
Perforations 7939'-8169'						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 01/24/93	Date of Test 01/31/93	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. 16	Water - Bbls. 80	Gas- MCF TSTM

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.

Brent D. Lockhart
Signature
BRENT D. LOCKHART
Printed Name
02/01/93
Date
TECHNICIAN
Title
915-682-1626
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 08 1993
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
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.

WARN28

RECEIVED

FEB 05 1993

SCD HOBBS OFFICE