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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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 Marathon Oil Company | | Well API No. 30-025-03083 ✓ |
| 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 COMMINGLED vacuum lease kept vacuum lease back for BHC-805 |
| 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 ST A/C 2 | Well No. 9 | Pool Name, Including Formation VACUUM (ABO) Reef | Kind of Lease State, Federal or Fee STATE | Lease No. 874850 |
| Location Unit Letter M : 330 Feet From The SOUTH Line and 914 Feet From The WEST Line Section 6 Township 18-S Range 35-E, NMPM, LEA 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 76906-0028 | | | | | |
| Name of Authorized Transporter of Casinghead Gas GPM Gas Corp <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. 18S | Rge. 35E | Is gas actually connected? YES | When? 04-93 |
| | | | | | DHC # 865 | |

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 <input checked="" type="checkbox"/> | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded 03-30-93 | Date Compl. Ready to Prod. 04-07-93 | | Total Depth 8796 | | P.B.T.D. 8730 | | | |
| Elevations (DF, RKB, RT, GR, etc.) GL: 3979 | Name of Producing Formation ABO | | Top Oil/Gas Pay 8423 | | Tubing Depth 8686 | | | |
| Perforations 8423-8702 SELECTIVE | | | | | Depth Casing Shoe 8796 | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | 13 3/8 | | 356 | | 350 | | | |
| | 9 5/8 | | 3159 | | 1200 | | | |
| | 5 1/2 | | 8796 | | 850 | | | |
| | 2 3/8 | | 8686 | | | | | |

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 04-08-93 | Date of Test 04-13-93 | Producing Method (Flow, pump, gas lift, etc.) PUMP | |
| Length of Test 24HR | Tubing Pressure N/A | Casing Pressure N/A | Choke Size N/A |
| Actual Prod. During Test | Oil - Bbls. 21.5 | Water - Bbls. 22.5 | Gas- MCF 43.5 |

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.

Thomas M. Price
Signature
THOMAS M. PRICE
Printed Name
05-10-93
Date
ENGINEERING TECH
Title
800-351-1417
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 13 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.

WARN ST #9

Form C-116
Revised 1/1/89

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

GAS - OIL RATIO TEST

| Operator | | Pool | | | | County | | | | | | | | | | | | | | | | | |
|--|----------|-----------------------|------|------------------------------------|------|--|---------------|----------------------------------|-------------------------|-------------------------------|-------------------|--------------|---------------|----------------------------------|---------------|--|--|--|--|--|--|--|--|
| Marathon Oil Company | | VACUUM (ABO;DRINKARD) | | | | LEA | | | | | | | | | | | | | | | | | |
| Address P.O. Box 552, Midland, Texas, 79702 | | Type of TEST - (X) | | Scheduled <input type="checkbox"/> | | Completion <input checked="" type="checkbox"/> | | Special <input type="checkbox"/> | | | | | | | | | | | | | | | |
| LEASE NAME | WELL NO. | LOCATION | | | | DATE OF TEST | CHOKE SIZE | TBQ. PRESS. | DAILY ALLOW- ABLE | LENGTH OF TEST HOURS | PROD. DURING TEST | | | GAS - OIL RATIO CU.FT/BBL. | | | | | | | | | |
| | | U | S | T | R | | | | | | WATER BBL.S. | GRAV. OIL | OIL BBL.S. | | GAS M.C.F. | | | | | | | | |
| WARN ST A/C 2 | 9 | M | 6 | 18S | 35E | 04-13-93 | P | NONE | M | 24 | 45 | | 50 | 50 | 1000 | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Drinkard ABO | | | 57% | 43% | 28.5 | 21.5 | 13% | 87% | 6.5 | 43.5 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 100% | | 50 | BPD | 100% | 50 | MCFPD | | | | | | | | | | | | | | |

I hereby certify that the above information is true and complete to the best of my knowledge and belief.

Signature Thomas F. Fitch

THOMAS M. PRICE ADVANCED ENGINEERING TECH

05-10-93 800-351-1417

Date _____ Telephone No. _____