

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
P.O. Drawer 100, Aztec, NM 87410

DISTRICT III
1000 Rio Grande 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) <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

THIS WELL HAS BEEN PLACED IN THE POOR
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name WARN STATE A/C 2	Well No. 9	Pool Name, including Formation VACUUM (DRINKARD)	Kind of Lease State, Federal or Fee STATE	Lease No. 874850
Location				
Unit Letter M	.330	Feet From The SOUTH	Line and 914.3	Feet From The WEST
Section 6	Township 18-S	Range 35-E	NMPM	LEA 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 2528 HOBBS, NM 88241		
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? 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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded 12/21/92	Date Compl. Ready to Prod. 01/15/93		Total Depth 8796'		P.B.T.D. 8300'			
Elevations (DF, RKB, RT, GR, etc.) GL: 3979'	Name of Producing Formation DRINKARD		Top Oil/Gas Pay 7800'		Tubing Depth 7750'			
Perforations 7800'-8068'					Depth Casing Shoes 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"		7750'					

V. TEST DATA AND REQUEST FOR ALLOWABLE

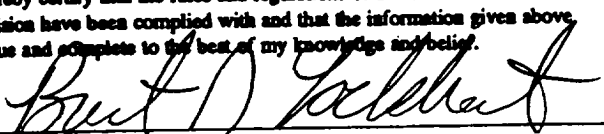
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank 1/15/93	Date of Test 1/17/93	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HOURS	Tubing Pressure --	Casing Pressure 30	Choke Size --
Actual Prod. During Test	Oil - Bbls. 68	Water - Bbls. 91	Gas- MCF 28

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 
BRENT D. LOCKHART **TECHNICIAN**
Printed Name **01/18/93** Title **915-682-1626**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JAN 20 1993**
By **ORIGINAL SIGNED BY JERRY SEXTON**
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.