

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-11
Effective 1-1-65

FILE	
UNIT NO.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

I. Operator
Teal Petroleum Company
Address
405 Wall Towers East, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner Amini Oil Company - 405 Wall Towers East - Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name Marathon State	Well No. 2	Pool Name, including Formation Vacuum Abo, North	Kind of Lease State, Federal or Fee State	Lease No. B-2244
Location Unit Letter F 1980 Feet From The North Line to 1780 Feet From The West Line of Section 12 Township 17-S Range 34-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Mobil Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900 - Dallas, Tx. 75221	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma 74003	
If well produces oil or liquids, give location of tanks.	Unit F 12 17-S 34-E	Yes 3-4-71

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	Recompletion	Deepen	Plug Back	Same Resist.	Diff. Resist.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top of Gas Show			Testing Depth			
Performances					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of sand oil and must be equal to or exceed top allowable for this district or for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Production Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-BBLs	Water-Gals	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back prod)	Tubing Pressure (Short-In)	Casing Pressure (Short-In)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Wanda Walker
(Signature)
Agent
(Title)
October 18, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
Joe D. Turner
Dist. I. Comm.

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.