

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Marathon Oil Company		Well API No. 30-025-30504
Address P. O. Box 552, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Filing to add initial oil transporter. Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> CASINGHEAD GAS MUST NOT BE Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> FLARED AFTER 10-1-89 IF change of operator give name and address of previous operator THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR, NOTIFY THIS OFFICE. 12/1/89 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.		

II. DESCRIPTION OF WELL AND LEASE

Lease Name State E-744-15	Well No. 1	Pool Name, Including Formation Mescalero Escarpe (Bone Spring)	Kind of Lease State, Federal or Fee	Lease No. E-744-15
Location Unit Letter I : 2086 Feet From The South Line and 554 Feet From The East Line Section 15 Township 18-S Range 33-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Koch Oil Company <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3609, Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas Contract negotiations underway <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 15	Twp. 18-S	Rge. 33-E	Is gas actually connected? No	When ?

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back X	Same Res'v	Diff Res'v
Date Spudded 4-25-89	Date Compl. Ready to Prod. 6-13-89		Total Depth 11,496' (wireline)		P.B.T.D. 9537'			
Elevations (DF, RKB, RT, GR, etc.) 3912.6 GL	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 8626'		Tubing Depth 9491'			
Perforations First Bone Sprig Sand 8626'-33'; Second Bone Spring Sand 9434'-76' (select.)					Depth Casing Shoe 11,403'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		450'		410			
12 1/4"	9 5/8"		3100'		1230			
8 3/4"	5 1/2"		11,403		2575			
N/A	2 3/8"		9491		N/A			

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 7-21-89	Date of Test 8-15-89	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 35 psig	Casing Pressure 35 psig	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 55	Water - Bbls. 7	Gas- MCF 30

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
J. R. Jenkins Hobbs Production Supt.
Printed Name
8-22-89 (915) 682-1626
Date
Telephone No.

OIL CONSERVATION DIVISION
AUG 25 1989

Date Approved

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.

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