

OIL CONSERVATION DIVISION

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

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

Operator Marathon Oil Company		Well API No. 03-025-31187
Address P. O. Box 552, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) <i>Sept 1991</i> This well temporarily abandoned. Request 45 bbl temporary allowable.
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 Buffalo Wallow "1" State	Well No. 1	Pool Name, Including Formation Wildcat <i>Undesignated Wolfcamp</i>	Kind of Lease State, Federal or Fee	Lease No. VB-03934
Location Unit Letter <i>F</i> 1980 Feet From The <i>North</i> Line and 1980 Feet From The <i>West</i> Line Section <i>1</i> Township <i>18-S</i> Range <i>36-E 35</i> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <i>None AA Oilfield</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 5208 Hobbs 88241</i>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>None</i>	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	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					<i>No</i>	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
			<input checked="" type="checkbox"/>					
Date Spudded 4-2-91	Date Compl. Ready to Prod. Temp. abandoned		Total Depth 13,000'		P.B.T.D. 8195'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation <i>--Halfcamp</i>		Top Oil/Gas Pay --		Tubing Depth --			
Performances <i>10,1'6-10,140</i>					Depth Casing Shoe --			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/4"	13 3/8"	460'	477 sx
12 1/4"	8 5/8"	3800'	1425 sx
7 7/8"	5 1/2"	10,208'	450 sx

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 7-6-91	Date of Test None	Producing Method (Flow, pump, gas lift, etc.) Temporarily Abandoned	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

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.

Carl A. Bagwell
Signature
Carl A. Bagwell, Engineering Technician
Printed Name Title
9-6-91 (915) 682-1626
Date Telephone No.

OIL CONSERVATION DIVISION

SEP 19 1991

Date Approved

By

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.