

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. 30-025-31887 ✓
Address P.O. Box 552, Midland, Texas, 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input 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		

II. DESCRIPTION OF WELL AND LEASE

Lease Name WARN STATE A/C 2	Well No. 18	Pool Name, including Formation VACUUM (DRINKARD)	Kind of Lease State, Federal or Fee STATE	Lease No. 874850
Location Unit Letter K, 1650 Feet From The SOUTH Line and 2035 Feet From The WEST Line Section 6 Township 18S Range 35E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil TX. NM. PIPELINE CO. <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 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. 18-S	Rge. 35-E	Is gas actually connected? YES	When? 04-23-93
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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 2-7-93	Date Compl. Ready to Prod. 4-16-93		Total Depth 8250		P.B.T.D. 7850			
Elevations (DF, RKB, RT, GR, etc.) GL:3973' KB:3990'	Name of Producing Formation DRINKARD		Top Oil/Gas Pay 7836		Tubing Depth 7673			
Performances 7976-8034 79 HOLES; 7860-7960 147 HOLES; 7762-7836 120 HOLES					Depth Casing Shoe 5 1/2" @ 8,249'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 3/4"	11 3/4"		1,480'		850			
11"	8 5/8"		2,883		950			
7 7/8"	5 1/2"		8,249'		1485			
	2 3/8"		7673'					

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 4-5-93	Date of Test 4-19-93	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HOURS	Tubing Pressure 175	Casing Pressure PKR	Choke Size 18/64"
Actual Prod. During Test	Oil - Bbls. 185	Water - Bbls. 24	Gas - MCF 139

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  
THOMAS M. PRICE  
ENG. TECH  
Printed Name  
4-19-93  
Date  
800-351-1417  
Telephone No.

OIL CONSERVATION DIVISION

APR 21 1993  
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.

WARNST18