

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. 30-025-31927
Address P.O. Box 552, Midland, Texas, 79702	
Reason(s) for Filing (Check proper box) <input checked="" 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"/>
REQUEST 1000 BARREL TEST ALLOWABLE TO CLEAR TEST TANKS.	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name WARN ST A/C 2	Well No. 19	Pool Name, Including Formation VACUUM (DRINKARD)	Kind of Lease State, Federal or Fee STATE	Lease No. 874850
Location				
Unit Letter F	2010	Feet From The NORTH	Line and 2230	Feet From The WEST
Section 6	Township 18-S	Range 35-E	NMPM	LEA
County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil TX, NM PIPE LINE 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 60028, SAN ANGELO, TX 79706-0028
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 PENNBROOK, 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? 05-13-93

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	Same Res'v	Diff Res'v
Date Spudded 04-06-93	Date Compl. Ready to Prod.		Total Depth 8180'		P.B.T.D. 8090'			
Elevations (DF, RKB, RT, GR, etc.) GL: 3957.5 KB: 3970.5	Name of Producing Formation DRINKARD		Top Oil/Gas Pay 7807		Tubing Depth			
Perforations SEE ATTACHED					Depth Casing Shoe 8180			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 14 3/4"	CASING & TUBING SIZE 42#, 11 3/4"		DEPTH SET 1460'		SACKS CEMENT 850 SX			
11"	32#, 8 5/8"		2832'		950 SX			
7 7/8"	17# + 15.5#, 5 1/2" 2 3/8"		8180		1350 350 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 05-10-93	Date of Test 05-12-93	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 17 1/2 HRS	Tubing Pressure 140	Casing Pressure PKR	Choke Size
Actual Prod. During Test	Oil - Bbls. 202	Water - Bbls. 50	Gas- MCF N/A

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
ENGINEERING TECH
Printed Name
05-13-93
Date
Title
915-682-1626
Telephone No.

OIL CONSERVATION DIVISION

Date Approved
By ORIGINAL SIGNED BY JIM COLTON
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.

RECEIVED
MAY 14 1993
OCD HORRIS OFFICE