

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. 30-025-31934
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		
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.		

II. DESCRIPTION OF WELL AND LEASE

Lease Name WARN ST A/C 2	Well No. 20	Pool Name, Including Formation VACUUM (DRINKARD)	Kind of Lease State, Federal or Fee STATE	Lease No. 874850
Location Unit Letter E 2160 Feet From The NORTH Line and 910 Feet From The WEST Line 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 PIPELINE <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 76906-0028					
Name of Authorized Transporter of Casinghead Gas GPM <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. 18S	Rge. 35E	Is gas actually connected? YES	When? 6-21-93

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 5-14-93	Date Compl. Ready to Prod. 6-19-93		Total Depth 8166		P.B.T.D. 8056			
Elevations (DF, RKB, RT, GR, etc.) GL: 3966 KB: 3979	Name of Producing Formation VACUUM (DRINKARD)		Top Oil/Gas Pay 7615		Tubing Depth 7516			
Perforations 7615-7682, 7699-7782, 7796-7977 ALL SELECTIVE					Depth Casing Shoe 8166			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 3/4"	11 3/4"		1453'		1000 SX			
11"	8 5/8"		2865'		850 SX			
7 7/8"	5 1/2"		8166'		1865 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 6-13-93	Date of Test 6-21-93	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 12 HR	Tubing Pressure 300	Casing Pressure PKR	Choke Size 20/64"
Actual Prod. During Test	Oil - Bbls. 120	Water - Bbls. 12	Gas - MCF 108

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
THOMAS M. PRICE ADV. ENGIN. TECH.
Printed Name Title
06-21-93 800-351-1417
Date Telephone No.

OIL CONSERVATION DIVISION
JUN 23 1993

Date Approved _____
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 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.

WARN ST #20