

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

Operator Marathon Oil Company		Well API No. 30-025-31969
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. 21	Pool Name, including Formation VACUUM (DRINKARD)	Kind of Lease State, Federal or Fee STATE	Lease No. 874850
Location SUR Unit Letter C : 1109 Feet From The NORTH Line and 1193 Feet From The WEST Line B&W 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 60028 SAN ANGELO, TX. 79706-0028					
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. 18-S	Rge. 35-E	Is gas actually connected? YES	When? 7-28-93

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 6-3-93	Date Compl. Ready to Prod. 7-28-93		Total Depth 8200			P.B.T.D. 8069		
Elevations (DF, RKB, RT, GR, etc.) GL:3975' KB:3988'	Name of Producing Formation DRINKARD		Top Oil/Gas Pay 7623			Tubing Depth SN @ 8016		
Perforations 7623-7693; 7712-7771; 7800-7989;						Depth Casing Shoe 8158'		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
14 3/4"	11 3/4"		1,465'			750 SX		
11"	8 5/8"		2,823'			900 SX		
7 7/8"	5 1/2"		8,158			1560 SX		
	2 3/8"		SN @ 8016					

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 7-17-93	Date of Test 7-28-93	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HR	Tubing Pressure 300	Casing Pressure PKR	Choke Size 18/64"
Actual Prod. During Test	Oil - Bbls. 375	Water - Bbls. 62	Gas - MCF 301

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 ENG. TECH
Printed Name
7-28-93
Date
Telephone No. 915-682-1626

OIL CONSERVATION DIVISION

Date Approved AUG 04 1993

By Paul Kautz Orig. Signed by
Geologist
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.