

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. 30-025-32034
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 ST A/C 2	Well No. 22	Pool Name, Including Formation VACUUM (DRINKARD)	Kind of Lease State, Federal or Fee STATE	Lease No. 874850
Location				
Unit Letter D : 1219 Feet From The NORTH Line and 890 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 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. 18S	Rge. 35E	Is gas actually connected? YES	When ? 08-21-93

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 7-13-93	Date Compl. Ready to Prod. 08-21-93		Total Depth 8138		P.B.T.D. 8046			
Elevations (DF, RKB, RT, GR, etc.) GL: 3975 KB: 3988	Name of Producing Formation VACUUM (DRINKARD)		Top Oil/Gas Pay 7598		Tubing Depth 7502			
Perforations 7598-7662'; 7676-7765; 7783-7953					Depth Casing Shoe 8138			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 3/4"	11 3/4" 42# H-40 ST&C		1444		900 CIRC 175			
11"	8 5/8" 32# K-55		2787		1100 CIRC 160			
7 7/8"	5 1/2" 17# & 15.5#, K-55		8138		1780 CIRC 125			
	2 3/8"		7502					

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 08-13-93	Date of Test 08-25-93	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HR	Tubing Pressure 320	Casing Pressure PKR	Choke Size 22/64"
Actual Prod. During Test	Oil - Bbls. 247	Water - Bbls. 48	Gas- MCF 260

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.

Thomas M. Price
Signature
THOMAS M. PRICE ADV. ENGIN. TECH.
Printed Name
8-26-93 Title
915-682-1626
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **AUG 30 1993**
By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I 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.