

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. 30-025-32187
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. 23	Pool Name, Including Formation VACUUM (DRINKARD)	Kind of Lease State, Federal or Fee STATE	Lease No. B-1113
Location				
Unit Letter N : 990 Feet From The SOUTH Line and 1920 Feet From The EAST 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 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 PEN BROOK 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? 12-10-93

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10-10-93	Date Compl. Ready to Prod. 12-04-93		Total Depth 8300'		P.B.T.D. 8205'			
Elevations (DF, RKB, RT, GR, etc.) GL: 3978 KB: 3993	Name of Producing Formation DRINKARD		Top Oil/Gas Pay 7747		Tubing Depth 8174			
Perforations 7870-8030 (280 HOLES SELECTIVE) 7747-7844 (90 HOLES SELECTIVE)					Depth Casing Shoe 8300'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
20"	16" CONDUCTOR		40'		REDI MIX			
14 3/4"	11 3/4", H-40, 42#		1477'		800 SX CIRC 190 SX			
11"	8 5/8", 32#		2836'		800 SX CIRC 210 SX			
7 7/8"	5 1/2", 17# & 15.5#		8300'		1550 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 11-23-93	Date of Test 12-15-93	Producing Method (Flow, pump, gas lift, etc.) PUMPING 1 1/2" INSERT	
Length of Test 24 HR	Tubing Pressure -	Casing Pressure 150	Choke Size -
Actual Prod. During Test	Oil - Bbls. 235	Water - Bbls. 177	Gas- MCF 239

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
12-20-93 Title
915/682-1626
Date
915/682-1626 Telephone No.

OIL CONSERVATION DIVISION

Date Approved **DEC 23 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.