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NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

REQUEST FOR OIL ALLOWANCE

Form C-104
Revised 1/1/63

This form shall be submitted by the operator before the well is drilled or reworked. Form C-104 is to be submitted in QUADRA-CAT format. The allowable will be assigned effective 7:00 A.M. on date of completion or recommendation. The completion date shall be the date when oil is delivered into the stock tanks. Gas must be reported on 15.853 psi at 30" flow.

Hobbs, New Mexico

May 3, 1963

(JLH)

WE AND HEREBY REQUESTING AN ALLOWANCE TO

Marathon Oil Company State McCallister No. 5 SW 1/4 SW 1/4,
(Company or Operator)

M Sec. 25 T. 17-S R. 34-E N. 1/2 Vacuum Devonian Pool

Lea

Completion Date 12-21-62 Initialing Date 3-25-63
Elevation 4007' GS Total Depth 12,193' Net 12,156'

Please indicate location.

D	G	B	-
E	F	O	-
L	M	C	-
H	N	O	2
O			

Top Oil/Gas Pay 12,004' Net of Prod. Perm. Devonian

PERFORATION INTERVAL -

Perforations 12,004' - 12,018' and 12,024'-12,034'

Open Hole Casing Size 12,193' Net 11,853'

FLOW TEST -

Natural Prod. Test: 291.36 bbls./hr. 18 hrs. 0 min. Size 15/64" Choke

Test After Acid or Fracture Treatment (before recovery of volume of oil equal to volume of loss oil used) 291.36 bbls./hr. 18 hrs. 0 min. Size 15/64" Choke

GAS FLOW TEST -

Natural Prod. Test: 1000 gals. mud acid, and lignite with 5000 gals. 244-Y2, 199, XM-38 acid.

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: 1000/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (give amounts of material used, such as acid, water, oil, and sand): 1000 gals. mud acid, and lignite with 5000 gals. 244-Y2, 199, XM-38 acid.

Casing Press. Pkr Tubing Press. 1300 Date first flow May 1, 1963

Oil Transporter Magnolia Pipeline Company

Gas Transporter Phillips Petroleum Company

Remarks: Request allowable effective May 1, 1963. DIST: A-880

D. V. Kitley Comm. of Public Lands J. R. Barber J. L. Grimes L. H. Davis

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved, 19.

By: (Signature) Asst. Superintendent

This communication regarding well to:

Name Marathon Oil Company

By: (Signature)

Title