

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF WELLS PRODUCING	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.C.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Marathon Oil Company	
Address P. O. Box 2409 Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Warn State A/C 3	Well No. 9	Pool Name, including Formation Vacuum Glorietq	Kind of Lease State, Federal or Fee	State State	Lease No. B-1713
Location					
Unit Letter <u>H</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>580</u> Feet From The <u>East</u>					
Line of Section <u>33</u> Township <u>17S</u> Range <u>35E</u> , NMPM, <u>Lea</u> County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 1510 Midland, TX 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) Box 758 Hobbs, NM 88240					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 33	Twp. 17S	Rge. 35E	Is gas actually connected? Yes	When 2-24-83

If this production is commingled with that from any other lease or pool, give commingling order number: PC-149

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Rest'v. <input type="checkbox"/>	Diff. Rest'v. <input type="checkbox"/>
Date Spudded December 20, 1982	Date Compl. Ready to Prod. February 24, 1983		Total Depth 6200'		P.B.T.D. 6149'			
Elevations (DF, RKB, RT, GR, etc.) 3936' GR, 3950' KB	Name of Producing Formation Glorieta		Top Oil/Gas Pay 6080'		Tubing Depth 6119'			
Perforations 6086-6092, 6100-6102, 6104-6108, 6116-6120 w/1 JSPF 20 holes 6086-6120 w/2 JSPF 69 holes					Depth Casing Shoe 6195'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	9 5/8	1514	710 SX
8 3/4	5 1/2	6195	2600 SX
	2 3/8	6119	

TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks February 25, 1983	Date of Test 8-12-83	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hour	Tubing Pressure 30	Casing Pressure 25	Choke Size -
Actual Prod. During Test 36	Oil-Bbls. 36	Water-Bbls. 7	Gas-MCF 47

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pistol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. 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.

Steven A. Pohler

(Signature)

Production Engineer

(Title)

October 18, 1983

(Date)

OIL CONSERVATION DIVISION

OCT 20 1983

APPROVED _____, 19 _____

BY _____

ORIGINAL SIGNED BY JERRY SEXTON

TITLE _____ DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

RECEIVED
OCT 19 1983
O.C.D.
HOBBS OFFICE