

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Marathon Oil Company		Well API No. 30-025-30678
Address P. O. Box 552, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Request temporary test. Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Allowable of 1000 bbls.		
If change of operator give name and address of previous operator		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name State K-5796	Well No. 3	Pool Name, Including Formation Vacuum, N. (Abo)	Kind of Lease State, Federal or Fee	Lease No. K-5796
Location Unit Letter <u>G</u> : <u>2100</u> Feet From The <u>East</u> Line and <u>1890</u> Feet From The <u>North</u> Line Section <u>7</u> Township <u>17-S</u> Range <u>35-E</u> , NMPM, Lea County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Oil Corp. Pipeline	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, TX 75221	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2130, Hobbs, NM 88240	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 6
	Twp. 17S	Rge. 35E
Is gas actually connected? Yes		When? 12-5-89
If this production is commingled with that from any other lease or pool, give commingling order number: CTB-269		

### 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 10-12-89	Date Compl. Ready to Prod. 11-16-89	Total Depth 9000'	P.B.T.D. 8915'					
Elevations (DF, RKB, RT, GR, etc.) 4003' GR; 4022' KB	Name of Producing Formation Abo	Top Oil/Gas Pay 8745'	Tubing Depth 8901'					
Perforations Abo - 8745'-8864' (selectively)			Depth Casing Shoe 8998'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	400'	600					
12 1/4"	8 5/8"	5000'	2350					
7 7/8"	5 1/2"	8998'	890					

### 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 12-5-89	Date of Test 12-7-89	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure --	Casing Pressure 20 psig	Choke Size --
Actual Prod. During Test	Oil - Bbls. 78	Water - Bbls. 0	Gas - MCF 76

### 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 J. R. Jenkins Hobbs Production Sup't.  
Printed Name J. R. Jenkins Title  
Date 12-21-89 (915) 682-1626  
Telephone No.

### OIL CONSERVATION DIVISION

Date Approved

DEC 26 1989

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.