

OIL CONSERVATION DIVISION

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

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

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. 30-025-32311
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 1	Well No. 6	Pool Name, Including Formation Vacuum( Wolfcamp)	Kind of Lease State, Federal or Fee State	Lease No. B-113
Location Unit Letter K 2030 Feet From The West Line and 1980 Feet From The South Line Section 31 Township 17-South Range 35-East, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Tex New Mex 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 60038 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 Pennbrook Odessa, Tx. 79762				
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 31	Twp. 17S	Rge. 35E	Is gas actually connected? Yes	When? 1-23-94

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 11-28-93	Date Compl. Ready to Prod. 1-22-94		Total Depth 10,335'		P.B.T.D. 10,096'			
Elevations (DF, RKB, RT, GR, etc.) GL:3979 KB:3992	Name of Producing Formation Lower Wolfcamp		Top Oil/Gas Pay 9,916		Tubing Depth 10,024'			
Perforations 9916-20, 9956-59, 9970-81, 9986-10,001					Depth Casing Shoe 10,355'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 14 3/4"	CASING & TUBING SIZE 11 3/4", H-40, 42#		DEPTH SET 1492		SACKS CEMENT 800 Sx			
11"	9 5/8", P110 FLS 4,53.5#		3000'		600 Sx			
8 1/2"	5 1/2", K-55, L-80, 17#		10,355'		2025 Sx			
	2 7/8"		10,024'					

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 1-20-94	Date of Test 1-24-94	Producing Method (Flow, pump, gas lift, etc.) Pumping 1 1/4" Insert	
Length of Test 24 Hr	Tubing Pressure N/A	Casing Pressure 20	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 37	Water - Bbls. 27	Gas- MCF 67

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  
Thomas M. Price  
Printed Name  
1-25-94  
Date  
Eng. Tech  
Title  
915-687-8324  
Telephone No.

OIL CONSERVATION DIVISION

JAN 27 1994

Date Approved

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.