

OIL CONSERVATION DIVIS. N

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                   |  |
|-------------------|--|
| EXPLORATION       |  |
| DEVELOPMENT       |  |
| PRODUCTION        |  |
| TRANSPORT         |  |
| LAND OFFICE       |  |
| OPERATION         |  |
| PRODUCTION OFFICE |  |
| OPERATOR          |  |

Marathon Oil Company

Address

P.O. Box 2409, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

|                     |                          |                           |                                     |
|---------------------|--------------------------|---------------------------|-------------------------------------|
| New Well            | <input type="checkbox"/> | Change in Transporter of: |                                     |
| Recompletion        | <input type="checkbox"/> | Oil                       | <input type="checkbox"/>            |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas            | <input checked="" type="checkbox"/> |
|                     |                          | Dry Gas                   | <input type="checkbox"/>            |
|                     |                          | Condensate                | <input type="checkbox"/>            |

Other (Please explain)

Excess rotating gaslift,  
Casinghead gas now being taken by  
Phillip's Petroleum Company - Eunice  
Plant system

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|                 |          |                                   |                               |                        |
|-----------------|----------|-----------------------------------|-------------------------------|------------------------|
| Lease Name      | Well No. | Pool Name, Including Formation    | Kind of Lease                 | Lease No.              |
| Lea Unit        | 4        | Lea-Devonian                      | State, Federal or Fee Federal | NM0653                 |
| Location        |          |                                   |                               |                        |
| Unit Letter     | H        | 1980 Feet From The North Line and | 660 Feet From The East        |                        |
| Line of Section | 11       | To Township                       | 20-S Range                    | 34-E, 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"/>         | Address (Give address to which approved copy of this form is to be sent) |
| Texas-New Mexico Pipeline Co.                                                                                            | P.O. Box 1510 Midland, TX 79702                                          |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Phillip's Petroleum Co - Eunice Plant System                                                                             | 4001 Pennbrook Bldg. Odessa, TX 79762                                    |
| If well produces oil or liquids,<br>give location of tanks.                                                              | Unit Sec. Twp. Rge. Is gas actually connected? When                      |
| L 12 20-S 34-E                                                                                                           | Yes 9-21-79                                                              |

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

No

IV. COMPLETION DATA

|                                    |                             |                 |                   |          |        |           |                        |
|------------------------------------|-----------------------------|-----------------|-------------------|----------|--------|-----------|------------------------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well        | New Well          | Workover | Deepen | Plug Back | Same Hst'y. Diff. Res. |
| Date Spudded                       | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.          |          |        |           |                        |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth      |          |        |           |                        |
| Perforations                       |                             |                 | Depth Casing Shoe |          |        |           |                        |

TUBING, CASING, AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

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 oil able for this depth or be for full 24 hours)

|                                 |                 |                                               |
|---------------------------------|-----------------|-----------------------------------------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |
| Length of Test                  | Tubing Pressure | Casing Pressure                               |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                   |
|                                 |                 | Gas-MCF                                       |

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. 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.

*Ralph M. Sifman*  
(Signature)

Associate Petroleum Engineer

(Title)

January 15, 1980

(Date)

OIL CONSERVATION DIVISION

APPROVED

JAN 21 1980

BY

Orig. Signed by

Jerry Sexton

TITLE

Dist. 1, Supv.

This form is to be filed in compliance with RULE 111.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated 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 Form C-101 must be filed for each pool in multiple completed wells.