

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

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. 30-025-26365
Address P.O. Box 552, Midland, Texas, 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input 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 checked="" type="checkbox"/>
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name LEA UNIT	Well No. 12	Pool Name, Including Formation LEA PENN GAS	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM-053434
Location				
Unit Letter H	1980	Feet From The NORTH	Line and 990	Feet From The EAST
Section 13	Township 20-S	Range 34-E	NMPM	LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil KOCH OIL CO.	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1558, BRECKENRIDGE, TX. 76204				
Name of Authorized Transporter of Casinghead Gas GPM	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4001 PENNBROOK BLDG. ODESSA, TX 79762				
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 12	Twp. 20-S	Rge. 34-E	Is gas actually connected? YES	When? 11-3-92

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	Gas Well X	New Well	Workover	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded OCTOBER 29, 1992	Date Compl. Ready to Prod. NOVEMBER 3, 1992		Total Depth 16553'		P.B.T.D. 13665'			
Elevations (DF, RKB, RT, GR, etc.) KB: 3662' GL: 3694'	Name of Producing Formation BEND (MORROW)		Top Oil/Gas Pay 13003'		Tubing Depth 12795'			
Perforations 13003'-007' & 13028'-048' W/6 SPF, 144 HOLES.					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		901'		800			
12-1/4"	9-5/8"		5423'		4100			
7-3/4"	7-5/8"		14341'		1500			
	5-1/2"		14033'-16533'		160			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 1270	Length of Test 4 HOURS	Bbls. Condensate/MMCF 113.4	Gravity of Condensate 50.8
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 3310	Casing Pressure (Shut-in) 0	Choke Size 7/64"

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.

Thomas M Price

Signature
THOMAS. M. PRICE ADV. ENG. TECH.
Printed Name
12-4-92 Title
800-351-1417
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **DEC 07 '92**

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.