

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

APR 01 '88

C. C. D.

ARTESIA, OFFICE

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U.S.D.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator  
Marathon Oil CompanyAddress  
P.O. Box 552, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well ☒

Change in Transporter of:

Recompletion ☐Oil ☐Dry Gas ☐Change in Ownership ☐Casinghead Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous ownerTHIS WELL HAS BEEN PLACED IN THE POOL  
DESIGNATED BELOW. IF YOU DO NOT CONCUR  
NOTIFY THIS OFFICE.

## 1. DESCRIPTION OF WELL AND LEASE

Lease Name Lea Unit	Well No. 14	Pool Name, Including Formation Lea (Bone Spring)	Kind of Lease State, Federal or Fee Federal	Lease No. MD353434
Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>14</u> Township <u>20S</u> Range <u>34E</u> , NMPM, Lea Count				

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

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Trans-New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510, Midland, Texas 79702	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co. <i>66 N. Ave. S. Co.</i>	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Bldg., Odessa, Texas	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 12
	Twp. 20S	Rge. 34E
	Is gas actually connected? <u>Yes</u> When <u>3/29/88</u>	

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

## 3. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Re. <input type="checkbox"/>
Date Spudded 11/22/87	Date Compl. Ready to Prod. 2/22/88		Total Depth 10,400'		P.B.T.D. 10,292'			
Elevations (DF, RKB, RT, GR, etc.) GL-3649' KB-3665.5'	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 10,162'		Tubing Depth 10,188'			
Perforations 10,162'-10,174'					Depth Casing Shoe 10,400'			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	908	940
12 1/4	8 5/8	5370	1900
7 7/8	5 1/2	10,400	1000
	2 7/8 Tubing	10,188	-

## 4. 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 2/22/88	Date of Test 3/4/88	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hours	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 28 BO & 4 BW	Oil - Bbls. 28	Water - Bbls. 4	Gas - MCF 55

## 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

## 5. 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.

Allen S. Wilson  
(Signature)

Operation Engineer

(Title)

3/28/88

(Date)

## OIL CONSERVATION DIVISION

APPROVED APR 5 1988, 19BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

TITLE \_\_\_\_\_

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

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

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

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

Separate Forms C-104 must be filled for each pool in multi completed wells.