Appropriate District Office DISTRICT J P.O. Box 1980, Hobbs, NM 88240

State of New Mexico nergy, Minerals and Natural Resources Depart.

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

•	REQUEST	FOR ALLOWA	ABLE AND AUTHO	HIZATION GAS				
TO TRANSPORT OIL AND NATURAL G					Well API No. 3088]			
Marathon Oil Con		30-025-3 7182						
Idress	<u></u>							
P.O. Box 552. Mi	dland, Texas	79702	Other (Please	ernlais)				
peson(s) for Filing (Check proper but		in Transporter of:	U Oulet (Flease)	(Aprille)				
rw Well	ou [Dry Gas						
hange in Operator	Casinghead Gas	Condensate]					
change of operator give perso	TXO Pros	Corp.						
i address of previous operator		- (
DESCRIPTION OF WEL	LL AND LEASE Well N	o. Pool Name, Inch	uding Engage	Kind	of Lease	Le	ase No.	
Hamon-Federal Co		Quail R	=	State,	Federal or Fee			
ocation								
Unit Letter J	1650	Feet From The	South Line and	1980 F	set From The $_{}^{ ext{E}}$	ast	Line	
- 47-				T o o			Commen	
Section 97 Town	achip 20S	Range 34E		Lea_			County	
I. DESIGNATION OF TR	ANCEODTED OF	OIL AND NAT	TIRAL GAS SCUF	RLOCK PERMIA	N CORP EFF 9-1	91		
ame of Authorized Transporter of O			Address (Give address	o which approved	l copy of this form	is to be se	nt)	
	he Permian Corporation		P.O. Box 31	d, Texas 79702				
ame of Authorized Transporter of C	of Authorized Transporter of Casinghead Gas or Dry Gas			copy of this form is to be sent)				
Gas Company of N			P.O. Box 26			M 8/12	<u>/5</u>	
well produces oil or liquids, ve location of tanks.	Unit Sec.		pa. Is gas actually connecte 4 Yes	a: was	• •			
this production is commingled with t								
V. COMPLETION DATA		 p g.					<u> </u>	
Designate Type of Completi	ion - (X)	/ell Gas Well	New Weli Workov	er Deepen	Plug Back Sa	me Res'v	Diff Res'v	
ate Spudded	Date Compl. Read	y to Prod.	Total Depth		P.B.T.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Formation .	Top Oil/Gas Pay	Top Oil/Gas Pay		Tubing Depth		
						Depth Casing Shoe		
erforations								
TURING CASING AND			D CEMENTING REC	CEMENTING RECORD				
HOLE SIZE		TUBING SIZE		DEPTH SET		SACKS CEMENT		
								
. TEST DATA AND REQ	JEST FOR ALLO	WABLE						
IL WELL (Test must be 4)	ther recovery of total volu	me of load oil and m	ust be equal to or exceed to	p allowable for th	us depth or be for	full 24 hou	FS.)	
Date First New Oil Run To Tank	Date of Test		Producing Method (Fla	w, pwnp, gas lift,	etc.)			
			Casing Pressure		Choke Size			
Length of Test	Tubing Pressure	Tubing Pressure		Caking Pressure				
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.	Water - Bbls.		Gas- MCF		
ACTUM Flots During 14m	Ou - Don	•						
GAS WELL								
Actual Prod. Test - MCF/D	Leagth of Test		Bbls. Condensate/MM	CF	Gravity of Con	deneste		
esting Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	Casing Pressure (Shut-in)		Choke Size		
		ATTE TA NICTO						
VI. OPERATOR CERTII			OIL C	ONSERV	/ATION D	IVISK	NC	
I hereby certify that the rules and. Division have been complied with	and that the information	given above						
is true and complete to the best of	my knowledge and belie	ર્વ.	Date Appr	oved				
Ω_{i} , Λ_{i}	,							
CARL A. B.	MGWELL.		- Bv		<u> ক্রম্</u>	SEXTON		
Signature Carl A. Bagwell	. Engineering	Technician	11 *		الراج ال الراج الراج ا	5		
Printed Name		Title	Title					
1-8-91		682-1626	-					
Deta		Telephone No.	H			_		

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.