

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Marathon Oil Company	Well APN No. 30-025-32033
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

THIS WELL HAS BEEN PLACED IN THE POOD  
DESIGNATED BELOW. IF YOU DO NOT CONCUR  
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name LEA UNIT	Well No. 16	Pool Name, Including Formation BEND-(MORROW) Lea Perm	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM-02127-B
Location Unit Letter <u>L</u> : <u>2180</u> Feet From The <u>SOUTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line Section <u>12</u> Township <u>20-S</u> Range <u>34-E</u> , <u>NMPM</u> , <u>LEA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil KOCH	<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 PENN BROOK BLDG ODESSA TX 79762
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 12
	Twp. 20	Rge. 34
	Is gas actually connected? YES NO	When? 12-7-93

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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 08-21-93	Date Compl. Ready to Prod. 11-28-93	Total Depth 13,302	P.B.T.D. 13,063					
Elevations (DF, RKB, RT, GR, etc.) GL: 3657 KB: 3675	Name of Producing Formation MORROW	Top Oil/Gas Pay 12,856-12,896	Tubing Depth 12,847					
Perforations 12856-864, 12876-880, 12888-896 120 HOLES			Depth Casing Shoe 13,249					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	54#, K-55, LT&C		1857		2200 SX TOC 117'			
12 1/4"	43.5#, L-80, LT&C		5513		3325 SX			
8 1/2"	20# & 17#, L-80 2 3/8"		13249		2540 SX TOC @ 5390			
	2 3/8"		12847					

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 93	Length of Test 4 HRS	Bbls. Condensate/MMCF 9	Gravity of Condensate 55
Testing Method (pilot, back pr.) BACK PRESS	Tubing Pressure (Shut-in) 1500 PSI	Casing Pressure (Shut-in) PKR	Choke Size 24/64"

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  
Printed Name  
12-07-93  
Date  
ADV. ENGIN. TECH.  
Title  
915/682-1626  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 22 1993

By Paul Kautz Orig. Signed by  
Geologist

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.