

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 API No. 30-025-06826
Address P.O. Box 552, Midland, Texas, 79702		
Reason(s) for Filing (Check proper box) 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 type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) REQUEST ALLOWABLE FOR WANTZ ABO WHICH HAD BEEN TA'D. WILL BE DHC AS PER DHC #910

If change of operator give name  
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name W.S. MARSHALL "B"	Well No. 9	Pool Name, including Formation DRINKARD WANTZ ABO	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter <u>K</u> : <u>2310</u> Feet From The <u>SOUTH</u> Line and <u>1650</u> Feet From The <u>WEST</u> Line Section <u>27</u> Township <u>21S</u> Range <u>37E</u> , <u>NMPM</u> LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil TX. NEW MEX PIPELINE CO	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO BOX 60028 SAN ANGELO TX. 76906				
Name of Authorized Transporter of Casinghead Gas TEXACO	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK ODESSA TX. 79762				
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 27	Twp. 21S	Rge. 37E	Is gas actually connected? YES	When? 4-20-85

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 x	Gas Well	New Well	Workover x	Deepen	Plug Back	Same Res'v	Diff Res'v x
Date Spudded 11-15-93	Date Compl. Ready to Prod. 12-18-93		Total Depth 7565		P.B.T.D. 7122			
Elevations (DF, RKB, RT, GR, etc.) KB:3426 GL:3413	Name of Producing Formation WANTZ ABO		Top Oil/Gas Pay 6765		Tubing Depth 6684			
Perforations 6765-7086 NO CHANGE ORIGINAL WANTZ PERFS					Depth Casing Shoe 7500			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
		2 3/8"		6684				

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.)

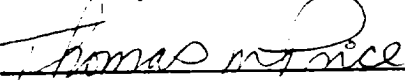
Date First New Oil Run To Tank 12-18-93	Date of Test 12-22-93	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HR	Tubing Pressure 80	Casing Pressure PKR	Choke Size 22/64
Actual Prod. During Test	Oil - Bbls. 48	Water - Bbls. 48	Gas- MCF 35

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. 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.



Signature T. M. Price Eng Tech  
Printed Name 1-11-94 Title 915-687-8324  
Date 1-11-94 Telephone No. 915-687-8324

OIL CONSERVATION DIVISION

Date Approved JAN 13 1994

By Paul Kadis 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.