

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Marathon Oil Company	
Address P. O. Box 2409 Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name W. S. Marshall "B"	Well No. 9	Pool Name, including Formation Blinebry	Kind of Lease State, Federal or Fee	Lease No. Fee
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 of Section <u>27</u> Township <u>21S</u> Range <u>37E</u> , NMFM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Texas-New Mexico Pipeline Company	P. O. Box 1510 Midland, TX 79701				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Texaco Producing Inc.	P. O. Box 1137 Eunice, NM 88231				
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 27	Twp. 21S	Rge. 37E	Is gas actually connected? <input checked="" type="checkbox"/> When April 20, 1985

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded 1951	Date Compl. Ready to Prod. 04-09-85		Total Depth 7565		P.B.T.D. 6676			
Elevations (DF, RKB, RT, GR, etc.) GR 3413, KB 3426	Name of Producing Formation Blinebry		Top Oil/Gas Pay 5652		Tubing Depth 5586			
Perforations 5652, 55, 79, 92, 99, 5717, 21, 44, 57, 82, 90, 5810, 31, 43, 73, 83, 92, 99, 5917 w/1 JSPF					Depth Casing Shoe 7500			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17	13 3/8" 48#	308	300
11	8 5/8" 23#	2800	1200
8	5 1/2" 17#	7500	1100
	2 3/8"	5586	

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 Tanks 04-09-85	Date of Test 04-23-85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 360 psi	Casing Pressure Packer	Choke Size 24/64"
Actual Prod. During Test	Oil-Bbls. 160	Water-Bbls. 38	Gas-MCF 156

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

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 F. Zaparka  
(Signature)  
Production Engineer  
(Title)  
April 23, 1985  
(Date)

OIL CONSERVATION DIVISION  
APPROVED APR 26 1985, 19\_\_\_\_  
BY CHIEF, OIL CONSERVATION DIVISION  
TITLE DISTRICT SUPERVISOR

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.