

L CONSERVATION DIVISION
P. O. BOX 2408
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator
Marathon Oil CompanyAddress
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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
William Turner	3	Blinebry	State, Federal or Fee	Fee
Location				
Unit Letter	1960	Feet From The	South	Line and
330	Feet From The	East		
Line of Section	29	Township	21S	Range
37E	NMPM,	Lea	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)	
Shell Pipeline Company	P. O. Box 1910 Midland, TX 79702	
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)	
Getty Oil Company	P. O. Box 730 Hobbs, NM 88240	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
J	29	21E
		37E
Is gas actually connected?	When	
Yes	12-12-84	

If this production is commingled with that from any other lease or pool, give commingling order number: PC-621

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
		7911	6082					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
GR 3464 KB 3476	Blinebry	5751						
Perforations	5751, 58, 65, 86, 88, 5812, 35, 39, 48, 59, 62, 78, 91, 5900,							Depth Casing Shoe
04, 26, 37, 4355 w/2 JSPT								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17"	13 3/8 48#	300'	300 sx
11"	8 5/8 32#	2836'	150 sx
7"	5 1/2 17#	7911'	950 sx
	2 3/8	5700'	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12-12-84	12-26-84	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hr.	475#		23/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	52	14	1442

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. Zapatka
(Signature)Production Engineer
(Title)January 8, 1985
(Date)

OIL CONSERVATION DIVISION

JAN 25 1985

APPROVED _____, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

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.