Submit 5 Cories
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico rgy, Minerals and Natural Resources Departir

Form C-104 Revised 1-1-89 See Instructi at Rottom of Page

6459

SACKS CEMENT

300

1500

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS T. Well API No. 07037 Operator 30-025-03007 Marathon Oil Company P.O. Box 552, Midland, Texas, 79702 Other (Please explisin) Reason(s) for Filing (Check proper box) Change in Transporter of: New Well Dry Gas \Box X Oil Recompletion Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Lease No. Well No. Pool Name, Including Formation Lease Name 5655500 PADDOCK MARK OWEN Location :1980 Feet From The SOUTH Line and 660 Feet From The WEST Unit Letter 35 Township Range 37E 215 , NMPM, County Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate TEXAS NEW MEXICO PIPELINE PO BOX 1510, MIDLAND, TX. 79701 Address (Give address to which approved copy of this form is to be sent) or Dry Gas ____ Name of Authorized Transporter of Casinghead Gas X NORTHERN NAT. GAS 11525 W. CARLBAD HWY, HOBBS, NM 88240 When? If well produces oil or liquids, give location of tanks. is gas actually connected? Twp. Unit Rge. | 215 | 37E j L 35 12-17-92 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back Same Res'v Oil Well Gas Well New Weil Workover Deepen Diff Res'v Designate Type of Completion - (X) X Total Depth P.B.T.D. Date Spudded Date Compi. Ready to Prod. 6250 12-17-92 6-17-46 Top Oil/Gas Pay Name of Producing Formation **Tubing Depth** Elevations (DF, RKB, RT, GR, etc.) **PADDOCK** 5065 SN @ 5125 GL: 3380 KB:3393 Depth Casing Shoe

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test 1-22-93 PLIMPING 1-10-93 Choke Size Casing Pressure Length of Test Tubing Pressure 30 24 Water - Bbls. Gas. MCF Actual Prod. During Test Oil - Bbls. 8 54 3

TUBING, CASING AND CEMENTING RECORD

DEPTH SET

313

2796

6459 5125

GAS WELL

Perforations

HOLE SIZE

Bbls. Condensate/MMCF Gravity of Condensate Length of Test Actual Prod. Test - MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

VL 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.

1-26-93

Komas marica ADV. ENG TECH Thomas M. Price Title Printed Name 915-682-1626

Telephone No. Date

OIL CONSERVATION DIVISION

Date Approved ______JAN 2.8 1993

By_ Orig. Signed by Paul Kautz

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
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

5065-5100

CASING & TUBING SIZE

13 3/8" 48#

8 5/8" 32# 5 1/2" 17#

2 1/16"

- 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.

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