

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

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

This form is not to be used for
reporting packer leakage tests in
Northwest New Mexico

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>MARATHON OIL COMPANY</u>		Lease <u>MARK OWEN</u>		Well No. <u>3</u>	
Location of Well	Unit <u>N</u>	Sec. <u>35</u>	Twp <u>21S</u>	Rge <u>37E</u>	County <u>LEA</u>
Name of Reservoir or Pool		Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Tbg. or Csg)	Choke Size
Upper Compl	<u>TUBB</u>	<u>GAS</u>	<u>FLOW</u>	<u>CSG.</u>	<u>—</u>
Lower Compl	<u>DRINKARD</u>	<u>GAS</u>	<u>FLOW</u>	<u>TBG.</u>	<u>—</u>

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 12:30 PM - 4/19/93

Well opened at (hour, date): 1:30 AM - 4/20/93

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>138</u>	<u>288</u>
Stabilized? (Yes or No).....	<u>No</u>	<u>No</u>
Maximum pressure during test.....	<u>198</u>	<u>288</u>
Minimum pressure during test.....	<u>138</u>	<u>40</u>
Pressure at conclusion of test.....	<u>198</u>	<u>40</u>
Pressure change during test (Maximum minus Minimum).....	<u>60</u>	<u>248</u>
Was pressure change an increase or a decrease?.....	<u>INCREASE</u>	<u>DECREASE</u>
Well closed at (hour, date): <u>7:30 AM - 4/21/93</u>	Total Time On Production <u>24 HOURS.</u>	
Oil Production During Test: <u>0</u> bbls; Grav. <u>—</u>	Gas Production During Test <u>31</u> MCF; GOR <u>—</u>	
Remarks <u>—</u>		

FLOW TEST NO. 2

Well opened at (hour, date): 7:30 AM - 4/22/93

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>258</u>	<u>293</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>258</u>	<u>293</u>
Minimum pressure during test.....	<u>108</u>	<u>293</u>
Pressure at conclusion of test.....	<u>108</u>	<u>293</u>
Pressure change during test (Maximum minus Minimum).....	<u>150</u>	<u>N/C</u>
Was pressure change an increase or a decrease?.....	<u>DECREASE</u>	<u>N/C</u>
Well closed at (hour, date): <u>7:30 AM - 4/23/93</u>	Total time on Production <u>24 HOURS</u>	
Oil production During Test: <u>—</u> bbls; Grav. <u>—</u>	Gas Production During Test <u>54</u> MCF; GOR <u>—</u>	
Remarks <u>—</u>		

OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the information contained herein is true and completed to the best of my knowledge

MARATHON OIL COMPANY
Operator Mike Greenough
Signature MIKE GREENOUGH - ENG. TECH
Printed Name 5/3/93 Title 505-393-7106
Date Telephone No.

OIL CONSERVATION DIVISION

MAY 07 1993

Date Approved
Orig. Signed by Paul Kautz
By Geologist
Title

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
Marathon Oil Company	30-025-070390000
Address	
P. O. Box 552, Midland, TX 79702	
Reason(s) for Filing (Check proper box) Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" 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	

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Mark Owen	3	Drinkard	State, Federal or Fee	565500
Location				
Unit Letter	N	660	Feet From The	South
Section	35	Township	21S	Range
			37E	NMPM.
				Lea
				County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)				
Texas New Mexico Pipeline Co.	<input checked="" type="checkbox"/>	P. O. Box 1510, Midland, TX 79701				
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)				
Northern Natural Gas Co.	<input checked="" type="checkbox"/>	P. O. Box 1188, Houston, TX 77251-1188				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	H	35	21S	37E	Yes	April 1991
If this production is commingled with that from any other lease or pool, give commingling order number: PC-493						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	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 Thomas M. Price
Printed Name Thomas M. Price Adv. Eng. Tech.
Date 6/15/92 Telephone No. (915) 682-1626

OIL CONSERVATION DIVISION

Date Approved _____
By Paul Gantz
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.