

## 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. 30-025-08923
Address P. O. Box 552, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) Reactivate Well. S.I. in 1963.		
New Well <input type="checkbox"/>	Change in Transporter of: <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

#### II. DESCRIPTION OF WELL AND LEASE

Lease Name McDonald State A/C 1	Well No. 3	Pool Name, including Formation Eunice, S. (7R, Q)	Kind of Lease State, Federal or Fee	Lease No. --
Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>16</u> Township <u>22-S</u> Range <u>36-E</u> , <u>NMPM</u> , Lea County				

#### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texaco Trading & Transportation Inc.	Address (Give address to which approved copy of this form is to be sent) Two Greenspoint Plaza, Ste 600 16825 North Chase Blvd, Houston, TX 77060	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Contract negotiations currently underway	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 16
	Twp. 22	Rge. 36
	Is gas actually connected? No	When ?

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4-22-35	Date Compl. Ready to Prod. Completion - 6/12/35 Reactivation - 8/11/90	Total Depth 3816'	P.B.T.D. 3748'					
Elevations (DF, RKB, RT, GR, etc.) 3554' GL	Name of Producing Formation Seven Rivers Queen	Top Oil/Gas Pay 3581'	Tubing Depth 3664'					
Performances Seven Rivers, Queen 3581'-3666'; (OH) 3686'-3748'			Depth Casing Shoe 3686'					

#### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
--	13 3/8"	287'	200
--	9 5/8"	1575'	400
--	7"	3686'	600
--	2 1/2"	3664'	--

#### 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 8-14-90	Date of Test 10-9-91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure 30 psig	Casing Pressure 30 psig	Choke Size --
Actual Prod. During Test	Oil - Bbls. 27	Water - Bbls. 261	Gas- MCF 37

#### 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.

Carl A. Bagwell  
Signature  
Carl A. Bagwell  
Printed Name  
10/14/91  
Date  
(915) 682-1626  
Telephone No.

#### OIL CONSERVATION DIVISION

OCT 16 1991

Date Approved

By ORIGINAL SIGNATURE OF DISTRICT  
DISTRICT I SUPERVISOR

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.