

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRIBUTION
P.O. Denver PD, Arizona, NM 86210

DISTRICT
1000 Rio Arriba Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TO TRANSPORT OIL AND NATURAL GAS		Well API No.
I. Operator	Marathon Oil Company	30-025-08927

~~Address~~
P. O. Box 552, Midland, TX 79702

RECEIPT FOR FILING (Check proper box)

Y Other (Please explain)

New Well	☐	Change in Transport of:
Recommission	☐	Oil ☐ Dry Gas ☐
Change in Operator	☐	Casinghead Gas ☐ Condensate ☐

Notification of initial gas transporter

Change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

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Lease Name	Well No.	Pool Name, including Formation	State, Federal or Fee		
McDonald State A/C "1"	7	S. Eunice (Seven Rivers Queen)			A-2614
Location					
Unit Letter	0	: 660	Feet From The South Line and 1980	Feet From The East	Line
Section	16	Township	22-S	Range	36-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ 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 Caseliquid Gas ☒ or Dry Gas ☐ Phillips 66 Natural Gas Co.		Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762

Phillips 66 Natural Gas Co.						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	0	16	22	36	Yes	November 1991

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

IV. COMPLETION DATA

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Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv	Diff Resv
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

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HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lost oil and must be equal to or exceed 100 allowable for this depth or be for full 24 hours.)

OIL WELL			
(Test must be after recovery of 100% volume of 100% oil and gas wells are tested)			
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

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

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.

Carl A. Boyer

Signature Carl A. Baqwell Engineering Technician
 Printed Name _____ Title _____
 12/16/91 (915) 682-1626
 Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved _____

By _____

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 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.