

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. 30-025-08928
Address P. O. Box 552, Midland, TX 79702		
Reason(s) for Filing (Check proper box) New Well ☐ Recompletion ☐ Change in Operator ☐		☒ Other (Please explain) Notification of initial gas transporter
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. 8	Pool Name, including Formation S. Eunice (Seven Rivers Queen)	Kind of Lease State, Federal or Fee	Lease No. A-2614
Location Unit Letter M : 660 Feet From The South Line and 660 Feet From The West 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 Condensate 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					
If well produces oil or natural gas, give location of tanks.	Unit M	Sec. 16	Twp. 22	Rge. 36	Is gas actually connected? Yes	When? November 1991

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 ☐	Gas Well ☐	New Well ☐	Workover ☐	Deepen ☐	Plug Back ☐	Same Res'v ☐	Diff Res'v ☐
Date Spudded	Date Comp. 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 100 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.

Carl A. Bagwell
Signature
Carl A. Bagwell Engineering Technician
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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.