

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Marathon Oil CompanyAddress
P. O. Box 2409, Hobbs, New Mexico, 88240

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name W. S. Marshall "B"	Well No. 1	Pool Name, Including Formation Blinebry	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter N ; 589 Feet From The South Line and 2051 Feet From The West Line of Section 27 Township 21S Range 37E , NMPM, 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"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510, Midland, TX 79701			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Producing Incorporated	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1137, Eunice, NM 88231			
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 27	Twp. 21S	Rge. 37E
	Is gas actually connected?		When December 2, 1985	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X					X		X
Date Spudded December 1946	Date Compl. Ready to Prod.		Total Depth 6568'		P.B.T.D. 6300'			
Elevations (DF, RKB, RT, GR, etc.) GR 3405', KB 3420'	Name of Producing Formation Blinebry		Top Oil/Gas Pay 5614'		Tubing Depth 5539'			
Perforations 5614, 19, 22, 74, 86, 92, 5703, 10, 85, 5809, 31, 38, 79, 90, 97, 5906 w/1JSPF					(16 holes) Depth Casing Shoe 6471'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17"	13 3/8" 48#		309'		250			
11"	8 5/8" 32#		2800'		1500			
6"	5 1/2" 15.5# & 17#		6471'		600			

IV. 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 Tanks December 2, 1985	Date of Test December 19, 1985	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 120 psi	Casing Pressure 0 psi	Choke Size 21/64"
Actual Prod. During Test	Oil-Bbls. 67	Water-Bbls. 30	Gas-MCF 174

GAS WELL

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

V. 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.

Thomas F. Zapatka

(Signature)

Production Engineer

(Title)

December 20, 1985

(Date)

OIL CONSERVATION DIVISION

DEC 23 1985

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the deviation
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of owner,
well name or number, or transporter, or other such change of condition.Separate Forms C-104 must be filed for each pool in multiply
completed wells.

RECEIVED

DEC 23 1985

O.C.D.
HONORARY OFFICE