

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator Marathon Oil Company		Well API No. 30-025-26012
Address P.O. Box 552, Midland, Texas, 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input 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 MCDONALD ST A/C 2	Well No. 33	Pool Name, Including Formation EUMONT OIL & GAS (PENROSE)	Kind of Lease State, Federal or Fee- FREE	Lease No. 4862
Location Unit Letter <u>I</u> : <u>330</u> Feet From The <u>EAST</u> Line and <u>2160</u> Feet From The <u>SOUTH</u> Line Section <u>13</u> Township <u>22-S</u> Range <u>36-E</u> , 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"/> <u>TX nm Pipeline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 60028 SAN ANGELO, TX. 79706</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>TEXACO 849</u>	Address (Give address to which approved copy of this form is to be sent) <u>P O BOX 1137 EUNICE NM 88231</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>13</u>	Twp. <u>22S</u>	Rge. <u>36E</u>	Is gas actually connected? <u>YES</u>	When? <u>07-17-93</u>

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 <u>48-93</u>	Date Compl. Ready to Prod. <u>07-14-93</u>	Total Depth <u>6750</u>		P.B.T.D. <u>3629</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>GL: 3446 KB: 3457</u>	Name of Producing Formation <u>EUMONT (PENROSE)</u>		Top Oil/Gas Pay <u>3448</u>		Tubing Depth <u>3648</u>			
Perforations <u>3448-63, 3485-3507, 17-20, 27-31, 34-39, 56-57</u>					Depth Casing Shoe <u>4 1/2" @ 6750'</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	<u>2 3/8"</u>		<u>3648'</u>					

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 <u>07-17-93</u>	Date of Test <u>08-18-93</u>	Producing Method (Flow, pump, gas lift, etc.) <u>PUMPING</u>	
Length of Test <u>24 HR</u>	Tubing Pressure <u>-</u>	Casing Pressure <u>20</u>	Choke Size <u>-</u>
Actual Prod. During Test	Oil - Bbls. <u>6</u>	Water - Bbls. <u>114</u>	Gas- MCF <u>3</u>

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.

Thomas M. Price
Signature
THOMAS M. PRICE
Printed Name
08-27-93
Date
ADV. ENGIN. TECH.
Title
915/682-1626
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 31 1993
By ORIGINAL SIGNED BY JERRY SEXTON
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.

RECEIVED

AUG 30 1993

**CCD HUBBS
OFFICE**