

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.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Amerada Hess CorporationAddress
Drawer D, Monument, New Mexico 88265

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 3/1/83
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.If change of ownership give name
and address of previous ownerTHIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name B. M. Marcus	Well No. 2	Pool Name, Including Formation Skaggs Drinkard R-7279	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter C : 990 Feet From The North Line and 1980 (6-1-83) Feet From The West Line of Section 20 Township 20S Range 38E, 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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 79702				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma 74101				
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 20	Twp. 20S	Rge. 38E	Is gas actually connected? When No

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 10-12-82	Date Compl. Ready to Prod. 3-8-83		Total Depth 7650'		P.B.T.D. 6976'			
Elevations (DF, RKB, RT, GR, etc.) 3547' GL 3560' DF	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6915'		Tubing Depth 7650'			
Perforations 6915-6917					Depth Casing Shoe -			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	377'	400 sks.
12-1/4"	9-5/8"	4495'	1925 sks.
8-3/4"	7"	7650'	600 sks.

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 Tanks 2-11-83	Date of Test 2-14-83	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 5 hrs	Tubing Pressure 600#	Casing Pressure Pkr.	Choke Size 24/64"
Actual Prod. During Test -	Oil-Bbls. 36	Water-Bbls. 46	Gas-MCF 914

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

VI. 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.

Supv. Administrative Svcs.

3-9-83

OIL CONSERVATION DIVISION

APPROVED MAR 11 1983, 19

ORIGINAL SIGNED BY EDDIE SEAY

BY TITLE OIL & GAS INSPECTOR

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 allowable 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
MAR 10 1983
O.C.D.
HOBBS OFFICE