

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator

Marathon Oil Company

Address

P. O. Box 552 Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name
and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name W. S. Marshall "B"	Well No. 10	Pool Name, Including Formation Wantz Abo	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter M ; 634 Feet From The South Line and 632 Feet From The West Line of Section 27 Township 21-S Range 37-E , NMPM, Lea Count				

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Northern Natural Gas	11525 Carlsbad Hwy., Hobbs, NM 88240					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 27	Twp. 21-S	Rge. 37-E	Is gas actually connected? Yes	When 9-15-87

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

3. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
		X						
Date Spudded 3-5-87	Date Compl. Ready to Prod.		Total Depth 7600'		P.B.T.D. 7050'			
Elevations (DF, RKB, RT, GR, etc.) GL:3419' KB" 3432.6	Name of Producing Formation Abo Gas		Top Oil/Gas Pay 6730'		Tubing Depth 6631'			
Perforations 6730, 32, 41, 44, 50, 52, 58, 61, 77, 95, 6802, 06, 11, 17, 26, 37, 56, 61, 6903, 09, 11, 17, 22					Depth Casing Shoe 7600'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" 24#		1200'		400 sx Lite & 250 sx			
7-7/8"	5-1/2" 15.5# & 17#		7600'		900 sx 50:50 POZ 210			
	2-1/6"		6631'		sx Lite & 100 sx Clas			
					"H"			

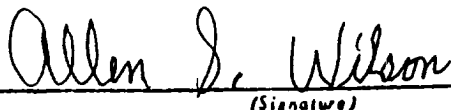
4. TEST DATA AND REQUEST FOR ALLOWABLE
WELL. (Test must be after recovery of total volume of load oil and must be equal to or exceed top oil
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	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 327	Length of Test 24 Hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate N/A
Testing Method (pistol, back pr.) Back Pressure	Tubing Pressure (Shut-In) 1900	Casing Pressure (Shut-In) 0	Choke Size 1"

5. 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.

(Signature)

Operations Engineer

(Title)

September 28, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 5 1987, 19

BY Eddie W. Seay

TITLE Oil & Gas Inspector

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

If this is a request for allowable for a newly drilled or deeper
well, this form must be accompanied by a tabulation of the deviat
tests taken on the well in accordance with NULC 111.All sections of this form must be filled out completely for all
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of ow
well name or number, or transporter, or other such change of conditSeparate Forms C-104 must be filed for each pool in multi
compleated wells.