

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Marathon Oil Company	Well API No. 30-25-31143
Address P.O. Box 552, Midland, TX 79702	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Change in Transporter of: Recompletion <input 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 _____	

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 12-1-91
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

II. DESCRIPTION OF WELL AND LEASE

Lease Name McDonald State A/C "1"	Well No. 44	Pool Name, including Formation South Eunice/7-Rivers Queen	Kind of Lease <u>State</u> Federal or Fee	Lease No.
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1960</u> Feet From The <u>East</u> Line Section <u>16</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 <u>Thrace Trading & Transport</u> Contract negotiations underway	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 <u>Contract negotiations underway</u>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <u>B</u>	Sec. <u>16</u>	Twp. <u>22-S</u>
		Rge. <u>36-E</u>	Is gas actually connected? <u>No</u>
When ? _____			

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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>4/ 19/ 91</u>	Date Compl. Ready to Prod. <u>7/ 30/ 91</u>		Total Depth <u>4000'</u>		P.B.T.D. <u>3910'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3553'-GR</u>	Name of Producing Formation <u>Seven Rivers Queen</u>		Top Oil/Gas Pay		Tubing Depth <u>3857'</u>			
Perforations <u>3762'-3844' (121 shots)</u>					Depth Casing Shoe <u>3997'</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>11"</u>	<u>8 5/8"</u>		<u>450'</u>		<u>303sxClaas "C" + 2% CaCl₂</u>			
<u>7 7/8"</u>	<u>5 1/2"</u>		<u>3997'</u>		<u>785sx 35/65 pozmix +</u>			
<u>5 1/2"</u>	<u>2 7/8"</u>		<u>3858'</u>		<u>442sx Class "C"</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>8/ 3/ 91</u>	Date of Test <u>8/ 20/ 91</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>45</u>	Casing Pressure <u>45</u>	Choke Size
Actual Prod. During Test	Oil - Bbls. <u>4</u>	Water - Bbls. <u>3</u>	Gas- MCF <u>20</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.

Carl A. Bagwell
Signature
Carl Bagwell Eng. Tech.
Printed Name
9/13/91 915/ 687-8329
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 10 1991
By _____
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.