

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

## OIL CONSERVATION DIVISION

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

Operator Marathon Oil Company		Well API No. 30-025-31144
Address P.O. Box 552, Midland, TX 79702		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) <input type="checkbox"/>		CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>1-1-92</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
If change of operator give name and address of previous operator		

#### II. DESCRIPTION OF WELL AND LEASE

Lease Name McDonald St. A/C "1"	Well No. 45	Pool Name, including Formation S. Eunice (Seven Rivers Queen)	Kind of Lease (State) Federal or Fee	Lease No. A-2614
Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>510</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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texaco Trading & Transportation, Inc.	Address (Give address to which approved copy of this form is to be sent) Two Greenspoint Plaza, Ste 600 16825 North Chase Blvd. Houston, TX 77060					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Contract negotiations currently under way	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 A	Sec. 16	Twp. 22	Rgn. 36	Is gas actually connected? No	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 4/30/91	Date Compl. Ready to Prod. 9/19/91		Total Depth 4000'		P.B.T.D. 3970'			
Elevations (DF, RKB, RT, GR, etc.) 3355' GR	Name of Producing Formation Seven Rivers Queen		Top Oil/Gas Pay 3732'		Tubing Depth 3696'			
Perforations 3732' - 3912' (250 holes)					Depth Casing Shoe 4000'			

#### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8"	449'	350sx Circ'd 78 sx
7 7/8"	5 1/2"	4000'	1216sx Circ'd 170 sx
5 1/2"	2 7/8"	3696'	-

#### 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 9/19/91	Date of Test 9/24/91	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 50	Casing Pressure 50	Choke Size
Actual Prod. During Test	Oil - Bbls. 8	Water - Bbls. 92	Gas - MCF 20

#### 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 A. Bagwell Engineering Technician  
Printed Name  
10/18/91 915/687-8329  
Date Telephone No.

#### OIL CONSERVATION DIVISION

Date Approved NOV 06 1991  
Orig. Signed by  
By Paul Kautz  
Geologist  
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.