STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Marathon Oil Company

Address: P. O. Box 2409, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)
- New Well [ ]
- Recompletion [ ]
- Change in Ownership [ ]
- Change in Transporter of: Oil [X] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
- Other (Please explain): Correction of transporter

If change of ownership give name and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
L. G. Warlick "C"	3	Tubb-Oil	State, Federal or Fee: Fee	

Location: Unit Letter P ; 660 Feet From The South Line and 660 Feet From The East

Line of Section 15 Township 21-S Range 37-E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]: Shell Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent): P. O. Box 1910, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]: Getty Oil Company	Address (Give address to which approved copy of this form is to be sent): P. O. Box 1137, Eunice, New Mexico 88231

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	15	21S	37E	Yes	7-8-81

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

(Signature)
Operations Superintendent
(Title)
August 18, 1981
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 24 1981, 19

BY Orig. Signed By Jerry Sexton

TITLE Dist. I Supv.

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, transporter, or other such change of condition.

Form C-105
Revised 10-1-78

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ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

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SANTA FE, NEW MEXICO 87501

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease: State [ ] Fee [X]
5. State Oil & Gas Lease No.:

1a. TYPE OF WELL: OIL WELL [X] GAS WELL [ ] DRY [ ] OTHER
b. TYPE OF COMPLETION: NEW WELL [ ] WORK OVER [ ] DEEPEN [ ] PLUG BACK [X] DIFF. RESVR. [ ] OTHER

7. Unit Agreement Name:
8. Farm or Lease Name: L. G. Warlick 'C'
9. Well No.: 3
10. Field and Pool, or Wildcat: Tubb
12. County: Lea

2. Name of Operator: Marathon Oil Company
3. Address of Operator: P. O. Box 2409, Hobbs, New Mexico 88240
4. Location of Well: UNIT LETTER P LOCATED 660 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE OF SEC. 15 TWP. 21S RGE. 37E NMPM

15. Date Spudded	16. Date T.D. Reached	17. Date Compl. (Ready to Prod.)	18. Elevations (DF, RKB, RT, GR, etc.)	19. Elev. Cashinghead
		7-8-81	GL 3411', KB3422	3411

20. Total Depth	21. Plug Back T.D.	22. If Multiple Compl., How Many	23. Intervals Drilled By	Rotary Tools	Cable Tools
6621	6359		→	N/A	N/A

24. Producing Interval(s), of this completion — Top, Bottom, Name: 6040-6222 (66 holes) Tubb
25. Was Directional Survey Made: N/A
26. Type Electric and Other Logs Run:
27. Was Well Cored: N/A

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
		CASING REMAINS THE SAME			

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN

30. TUBING RECORD

SIZE	DEPTH SET	PACKER SET
2 3/8"	5932	5932

31. Perforation Record (Interval, size and number)
6040-6060
6078-6083
6175-6188 (66 holes)
6198-6222

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
6040-6222	20000 gal acid frac

33. PRODUCTION

Date First Production	Production Method (Flowing, gas lift, pumping — Size and type pump)	Well Status (Prod. or Shut-in)
7-8-81	flowing	producing

Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period →	Oil — Bbl.	Gas — MCF	Water — Bbl.	Gas — Oil Ratio
7-30-81	24	24/64		26	240	4	9231

Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate →	Oil — Bbl.	Gas — MCF	Water — Bbl.	Oil Gravity — API (Corr.)
50	0		26	240	4	38

34. Disposition of Gas (Sold, used for fuel, vented, etc.): Sold
Test Witnessed By: Lyle Stine

35. List of Attachments:

36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED Robert M DePaun TITLE Production Engineer DATE 8-4-81

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radioactivity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completion, Items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico				Northwestern New Mexico			
T. Anhy	T. Canyon	T. Ojo Alamo	T. Penn. "B"				
T. Salt	T. Strawn	T. Kirtland-Fruitland	T. Penn. "C"				
B. Salt	T. Atoka	T. Pictured Cliffs	T. Penn. "D"				
T. Yates	T. Miss	T. Cliff House	T. Leadville				
T. 7 Rivers	T. Devonian	T. Menefee	T. Madison				
T. Queen	T. Silurian	T. Point Lookout	T. Elbert				
T. Grayburg	T. Montoya	T. Mancos	T. McCracken				
T. San Andres	T. Simpson	T. Gallup	T. Ignacio Qtzte				
T. Glorieta	T. McKee	Base Greenhorn	T. Granite				
T. Paddock	T. Ellenburger	T. Dakota	T.				
T. Blinebry	T. Gr. Wash	T. Morrison	T.				
T. Tubb	T. Granite	T. Todilto	T.				
T. Drinkard	T. Delaware Sand	T. Entrada	T.				
T. Abo	T. Bone Springs	T. Wingate	T.				
T. Wolfcamp	T.	T. Chinle	T.				
T. Penn.	T.	T. Permian	T.				
T. Cisco (Bough C)	T.	T. Penn. "A"	T.				

OIL OR GAS SANDS OR ZONES

No. 1, from ..... to ..... No. 4, from ..... to .....

No. 2, from ..... to ..... No. 5, from ..... to .....

No. 3, from ..... to ..... No. 6, from ..... to .....

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from ..... to ..... feet .....

No. 2, from ..... to ..... feet .....

No. 3, from ..... to ..... feet .....

No. 4, from ..... to ..... feet .....

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation

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AUG 10 1981

OIL CONSERVATION DIV.

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ENERGY AND MINERALS DEPARTMENT

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P. O. BOX 2088
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Recompletion [X]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
L. G. Warlick 'C'	3	Tubb-Oil	Fee	

Location
Unit Letter P : 660 Feet From The South Line and 660 Feet From The East
Line of Section 15 Township 21-S Range 37-E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]: Tex-NM Pipeline Co.
Address (Give address to which approved copy of this form is to be sent): P. O. Box 1510, Midland, Tx. 79702

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]: Getty Oil Company
Address (Give address to which approved copy of this form is to be sent): P. O. Box 1137, Eunice, New Mexico 88231

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	15	21S	37E	yes	7-8-81

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
	X					X		S

Date ~~Spudded~~ Started	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7-3-81	7-30-81	6621	6359

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
GL 3411 KB 3422	Tubb	Tubb	5932

Perforations	Depth Casing Shoe
6040-6060, 6078-6083, 6175-6188, 6198-6222	6595'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SKS CEMENT
	NO CHANGE IN CASING		
	~~NO CHANGE IN CASING~~		
	2 3/8"	5932	N/A

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, Pump, gas lift, etc.)	
7-8-81	7-30-81	Flowing	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hours	50 psi	0	24/64"
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
26BO,4BW&240 mcfg	26	4	240

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Rafael M. LeBaron
(Signature)
Production Engineer
5-4-81

OIL CONSERVATION DIVISION

APPROVED AUG 3 1981, 19

BY Orig. Signed By Jerry Sexton

TITLE Dist. I Supv.

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