

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 9-1-90
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>MARATHON OIL COMPANY</u>		Well API No. <u>30-025-06599</u>
Address <u>P.O. Box 552, MIDLAND, TEXAS 79702</u>		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) <u>REQUEST TEMPORARY TEST</u> <u>ALLOWABLE OF 1000 BBLs.</u>		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" 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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>L.A. WARLICK "C"</u>	Well No. <u>8</u>	Pool Name, Including Formation <u>WANTZ ABO</u>	Kind of Lease State, Federal or <u>Fee</u>	Lease No. _____
Location Unit Letter <u>I</u> : <u>1650</u> Feet From The <u>SOUTH</u> Line and <u>990</u> Feet From The <u>EAST</u> Line Section <u>15</u> Township <u>21-S</u> Range <u>37-E</u> , NMPM, <u>LEA</u> 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"/> <u>SHELL PIPELINE CORP.</u>	Address (Give address to which approved copy of this form is to be sent) <u>831 SURPRISE CIRCLE, HOBBS, N.M. 88240</u>				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>TEXACO Inc. Producing Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1137, EUNICE, N.M. 88231</u>				
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>15</u>	Twp. <u>21</u>	Rge. <u>37</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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded <u>5-15-90</u>	Date Compl. Ready to Prod. <u>7-2-90</u>		Total Depth <u>7626'</u>			P.B.T.D. <u>7320'</u>		
Elevations (DF, RKB, RT, GR, etc.) <u>DF 3426'; GL 3416'</u>	Name of Producing Formation <u>ABO</u>		Top Oil/Gas Pay <u>6848'</u>			Tubing Depth <u>7249'</u>		
Perforations <u>WANTZ ABO 6848' - 7255'</u>						Depth Casing Shoe <u>7570'</u>		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
<u>17"</u>	<u>13 3/8"</u>		<u>308'</u>			<u>300</u>		
<u>11"</u>	<u>8 5/8"</u>		<u>2803'</u>			<u>1300</u>		
<u>8"</u>	<u>5 1/2"</u>		<u>7570'</u>			<u>800</u>		
	<u>2 3/8"</u>		<u>7249'</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>5-23-90</u>	Date of Test <u>7-2-90</u>	Producing Method (Flow, pump, gas lift, etc.) <u>PUMPING</u>	
Length of Test <u>24</u>	Tubing Pressure _____	Casing Pressure _____	Choke Size _____
Actual Prod. During Test	Oil - Bbls. <u>304</u>	Water - Bbls. <u>125</u>	Gas- MCF <u>384</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.

Allen S. Wilson Jr. T.R.T.
Signature
J.R. JENKINS Hobbs Prod. Supt.
Printed Name Title
7-3-90 (915)682-1626
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 06 1990

By _____
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
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.