1.	NO. OF COPIES RECEIVED   DISTRIBUTION   SANTA FE   FILE   U.S.G.S.   LAND OFFICE   I RANSPORTER   OIL   I RANSPORTER   OPERATOR   PRORATION OFFICE   Operator   Marathon 011 Co   Address   P. O. Box 2409,   Reason(s) for filing (Check proper box   New Well	REQUEST AUTHORIZATION TO TRA mpany Hobbs, New Mexico	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL ( 88240 Other (Please explain) Well number chan	
11.	Recompletion Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND	Oil Dry Go Casinghead Gas Conder		
			n Rivers, Queen) State, Federa	the West
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	IS Address (Give address to which approv	ved conv of this form is to be sent)
	Texas-New Mexico Pipe L Name of Authorized Transporter of Cas Phillips Petroleum Comp Warren Petroleum Compan If well produces oil or liquids, give location of tanks.	ine Co. singhead Cas Corporation any 50% GPM Cas Corporation y 50% FFFECTIVE: February Unit Sec. Twp. Page. M 25 228 36E	P.O. Box 1510, Midland offices: Cure address to which approximately for the distance of the d	, Texas 79701 ved copy of this form is to be sent) Mexico 88265
	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completic			
	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			Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			· · ·	
<b>V</b> .	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 allow- OIL WELL 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 lij	(i, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
1				
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in )	Casing Pressure (Shut-in)	Choke Size
	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information gives above is true and complete to the best of my knowledge and hell f		BY	Orig. Signed by
			TITLE Geologist	
	Area Superinte		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 exctions of this form must be filled out completely for allow-	
	1-28-72 (Date)		shift in new and recompleted wells. fill out only Sections I. II. III, and VI for changes of owner, sine or number, or transporter, or other such change of condition.	

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