| GT LECK LEAD ME LECH ERGY AND MILLIALS DEPARTMEN | | OIL CONSERVATION DIVISION | | | |
|---|--|--|--|--|--|
| 6151710011104 3ANIA 74 | | Р. О. ВОХ 2008 Santa Fe, New Mexico 87501 | | | |
| FILE U 3.0.3. LAND OFFICF TOANSFUNTEN | REQUEST F | OR ALLOWABLE | | | |
| 0 A3 | AUTHORIZATION TO TRAN | AND VSPORT OIL AND NATURAL GAS | | | |
| Marathon Oil Co | mpany | | | | |
| P. O. Box 2409 | Hobbs, NM 88240 | | | | |
| Reason(s) for filing (Check proper New Well | box) Change in Transporter of: | Other (Please explain) | | | |
| Recomptetion Change in Ownership | Cil Dry Casinghead Gas Con | Gas X densate | | | |
| If change of ownership give nar and address of previous owner_ | | | | | |
| DESCRIPTION OF WELL A | ND LEASE. Well No. Pool Name, Including | Formation Kind of L | case Lease | | |
| Lou Worthan | 15 Drinkard | | leral or Fee Fee | | |
| Location Unit Letter G; | 1980 Feet From The North | line and 1860 Feet Fre | om TheEast | | |
| Line of Section 11 | Township 22S Range | 37е , ммрм, | Lea Cour | | |
| DESIGNATION OF TRANSPO | ORTER OF OIL AND NATURAL C | TAS | | | |
| Ner.e of Authorized Transporter of Texas-New Mexico | Cil 🚺 or Condensate 🕅 | Address (Give address to which ap | proved copy of this form is to be sent) | | |
| Name of Authorized Transporter of | Casinghead Gas ct Dry Gas X | Address (Give address to which ap | lland, TX 79701 proved copy of this form is to be sent) | | |
| Gas Company of M | Vew Mexico Unit Sec. Twp. Rge. | P. O. Box 26400 All Is gas actually connected? | Duquerque, NM 87125 | | |
| If well produces oil or liquids, give location of tanks. | A 11 22S 37E | Yes | 2/78 | | |
| If this production is commingled COMPLETION DATA | with that from any other lease or pool | l, give commingling order number: | | | |
| Designate Type of Comple | ction - (X) | New Well Workover Deepen | Plug Back Same Res'v. Dill. Ri | | |
| Dete Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | |
| Elevations (DF, RKB, RT, GR, etc | , Mame of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | |
| Lievelions (Dr, KKB, KI, GK, etc | | | | | |
| Perforations | | | Depth Casing Shoe | | |
| | TUBING, CASING, AN CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | |
| HOLE SIZE | | | | | |
| | | | | | |
| | | | | | |
| OIL WELL | | after recovery of total volume of load of depth or be for full 24 hours) Producing Method (Flow, pump, gas | | | |
| Date First New Oil Run To Tanks | Date of Test | Producing Mathed (1 tow, pump, gas | | | |
| Longth of Tool | Tubing Pressure | Casing Pressure | Choke Size | | |
| Actual Prod. During Test | Oil-Bbis. | Water-Bbis. | Gae-MCF | | |
| | | | | | |
| TAS WELL Actual Frod, Tool-MCF/D | Longth of Tost | Bbla. Condensate/NMCF | Gravity of Condeneate | | |
| leeting Method (pitat, back pr.) | Tubing Presews (shut-in) | Casing Pressure (Shut-in) | Choke Size | | |
| CERTIFICATE OF COMPLIA | NCE | OIL CONSERV | 1 ATION DIVISION 9 1984 | | |
| handly continue that the sales on | d regulations of the Oll Conservation | | 9 1984 | | |
| ivision have been complied wi | th and that the information given he best of my knowledge and belief. | | し、イル設設をY <mark>ISSXION</mark> あい特色V時 の 名 | | |
| | | TITLE | | | |
| | AT AT IL | This form is to be filed in | n compliance with RULE 1104. | | |
| Thomas F. Zapatk | | If this is a request for all must this form must be accom | owable for a newly drilled or deepe panied by a tabulation of the devia | | |
| | ction Engineer • | tests taken on the well in acc All sections of this form r | ordance with AULE 111. nuat be filled out completely for all | | |
| () | Title) | able on new and recompleted | walls. 11 111. and VI for changes of ow | | |
| | 7-84 Date) | . Walt mene or publier, or transpired | erter, or other such change of condit | | |
| | | Bouarato - rina Colta Go Econogetra - ruae | 1997) (nat. 1992)(β.β.1911) (nat. 27. β. 2938) 111 (1977)). | | |

| REY AND MED FIRES DEPARTMENT | | | | Kertsed 10-1-78 | |
|---|---|---|---|---------------------------|----------------|
| •• •• •• •••••• ••••••••• | OIL CONSERVATION DIVISIC | | | | |
| (1) () () () () () () () () () | | M WEXICO 9730 | , I | | |
| r 11 g | | | | | |
| LAND OFFICE OIL | | DR ALLOWABLE | | | |
| DA3 | AUTHORIZATION TO TRANS | AND SPORT OIL AND NAT | URAL GAS | | |
| PADATION OFFICE | | | | | |
| Marathon Oil Co | mpany | | | | |
| P. O. Box 2409 | Hobbs, NM 88240 | | | | |
| Reason(s) for filing (Check prope New Well | r box) Change in Transporter of: | Other (Plea | se explainj | | |
| Recompletion | | ios X | | | |
| Change in Cwnership | Casinghead Gas Conde | | | | |
| If change of ownership give na and address of previous owner | ne | | | | |
| DESCRIPTION OF WELL A | ND LEASE | | | | |
| Lease Name | Well No. Pool Name, Including 1 15 Wantz Abc | | Kind of Lease State, Federal (| or Fee Fee | Leuse No. |
| Lou Worthan | | | _1 | | / |
| Unit Letter G; | 1980 Feel From The North Li | Ine and <u>1860</u> | Feel From Th | • <u>East</u> | |
| Line of Section 11 | Township 22S Range | 37E . NMP | ^י м, | Lea | County |
| | NATURAL C | 45 | | | |
| Nome of Authorized Transpurier | ORTER OF OIL AND NATURAL G | Address (Give address P. O. Box 1 | | d copy of this form is to | be seni) |
| Texas-New Mexi | Texas-New Mexico Pipeline Co. | | | nd, TX 79701 | be sent) |
| | Name of Authorized Transporter of Casinghead Gas or Dry Gas [x] Gas Company of New Mexico | | | uerq ue, NM 871 | |
| Il well produces oil or liquida, | Unit Sec. Twp. Rge. | Is gas actually connect Yes | cted? When | 2/78 | |
| give location of tanks. | A 11 22S 37E | | er number: | | |
| COMPLETION DATA | Oil Well Gas Well | New Well Workover | | Flug Back Same Res | v. Dill. Ros' |
| Designate Type of Comp | | ↓ Þ ≹ 1 ↓ | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | | P.B.T.D. | |
| Elevations (DF, RKB, RT, GR, e | ic., Name of Producing Formation | Top Oil/Gas Pay | | Tubing Depth | |
| Perforations | | | | Depth Casing Shoe | |
| | TUBING, CASING, AN | D CENENTING RECO | 180 | | |
| HOLESIZE | CASING & TUBING SIZE | DEPTH | | SACKS CEM | ENT |
| | | | | | |
| | | | | | |
| | | | | | |
| TEST DATA AND REQUES | T FOR ALLOWABLE (Test must be able for this d | after recovery of total vo lepth or be for full 24 hou | ura) | | xceed top allo |
| OIL WELL Date First New Oll Run To Tank | Date of Test | Producing Method (Fi | ow, pump, sas lift, | , etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | | Choke Size | |
| | | Water - Bbis. | | Gas-MCF | |
| Actual Prod. During Test | Oil-Bble. | Water + D Dis. | | | |
| L | | | | | |
| GAS WELL Actual Fred. Tool-MCF/D | Length of Test | Bbla. Condenacte/kly | ICF | Gravity of Condensate | |
| Jeeling Meihod (pitor, back pr.) | Tubing Presews (Shut-in) | Cusing Pressure (Shu | it-in) | Choke Size | |
| | | | | | |
| CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION DIVISION AUG - 9 1984 | | | |
| I hereby certify that the rules | and regulations of the Oll Conservation | APPROVED | | | 19 |
| Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | | BYOPICINAL SHOW AND SEPTON | | | |
| | | TITLE | | | |
| | atka/ | This form is | to be filed in co | ompliance with RULE | 1104, |
| Thomas F. Zapa | | | able for a newly drille led by a tabulation of | | |
| | tests taken on the well in accordance with nock that All sections of this form must be filled out completely for allow | | | | |
| 110 | oduction Engineer (Tule) 8-7-84 | able on new and | recompleted wat | tit and VI for chan | wee of own |
| | Fill out only Sections I. II. III, and VI for changes of owne well name or number, or transporter, or other such change of conditio Separata Forms C-'94 must be filled for each pool in multip | | | | |
| | (Dat#) | Separata for comparativelta. | ma C≓94 mual | fa Iffan fot ance ôr | |