

## OIL CONSERVATION DIVISION

P. O. BOX 2408

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE RECEIVED	
FILE	
U.S.D.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATION	GAS
PRODUCTION OFFICE	
Operator	

Marathon Oil Company

Address

P. O. Box 2409 Hobbs, NM 88241

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☒Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## DESCRIPTION OF WELL AND LEASE

Lease Name Lou Worthan	Well No. 17	Pool Name, Including Formation Wantz Abo	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter <u>E</u> : <u>2150</u> Feet From The <u>North</u> Line and <u>350</u> Feet From The <u>West</u>					
Line of Section <u>11</u> Township <u>22S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County					

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas-New Mexico Pipeline Co.	P. O. Box 1500 Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Gas Company of New Mexico	P. O. Box 26400 Albuquerque, NM 87125					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 11	Twp. 22S	Rge. 37E	Is gas actually connected? Yes	When 2/78

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RAB, 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

## 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 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 (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

## 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.

Thomas F. Zaparka

(Signature)

Production Engineer

(Title)

8-7-84

(Date)

## OIL CONSERVATION DIVISION

APPROVED

AUG - 9 1984

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BY

TITLE

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, or transporter, or other such change of condition.

Separate forms O-151 must be filed for each pool in multiple completion wells.