STATE OF NEW MEXICO		ATION DIVISION	Form C-104 Revised 10-1-78
DISTRIBUTION BANTA FE	P. O. DOX 2088 SANTA FE, NEW MEXICO 87501		
FILE	SANTA L. N		
	REQUEST F	OR ALLOWABLE	
TRANSPORTER OAB	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
PRORATION OFFICE			
Marathon Oil Company	, 		
Address P. O. Box 2409, Hobb	s, New Mexico, 88240		
Reason(s) for filing (Check proper New Well X	box) Change in Transporter of:	Other (Please explain	)
Recompletion		Gae	
If change of ownership give nam and address of previous owner_	•		· · · · · · · · · · · · · · · · · · ·
DESCRIPTION OF WELL AN			
Lease Name	Well No. Pool Name, Including	Formation Kind of	Lease Lease I
J. L. Muncy	6 Blinebry (	State, F	oderal or Foo Fee
Unit Letter;;	330 Feet From The East L	ine and Feet F	From The South
Line of Section 24	Township 22S Range	37Е , ммрм,	Lea Cour
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS	
Nome of Authorized Transporter of Texas-New Mexico Pip	Cil 🕱 or Condensate 🗌		approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas 🔀 or Dry Gas 🗍		Address (Give address to which a	approved copy of this form is to be sent)
Warren Petroleum Com	Unit Sec. Twp. Rge.	P. O. Box 1197, Eunice, New Mexico, 88231	
If well produces oil or liquids, give location of tanks.	P 24 22S 37E	Yes	1 1 1
If this production is commingled. . COMPLETION DATA	with that from any other lease or pool		
Designate Type of Comple	tion - (X) Oil Well Gas Well	New Well Workover Deepe	n Plug Back Same Restv. Diff. Re 1 1 1 1
Date Spudded May 11, 1985	Date Compl. Ready to Prod. August 13, 1985	Total Depth 7525	Р.В.Т.D. 7250
Elevations (DF, RKB, RT, GR, etc.	) Mame of Producing Formation	Top Oll/Gas Pay	Tubing Depth
GR 3323, KB 3335 Perforations	Blinebry	↓ 5564 w/1 JSPF	5789 Depth Casing Shoe
5564, 79, 87, 5605,	17, 26, 92, 5715, 22, 27,		20 7524
HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
14 3/4"	10 3/4" 40.5#	1199'	700
8 3/4"	7" 23# & 26#	7524	2600
	2 3/8" 4.5#	5789'	
TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be a able for this di	after recovery of social volume of load epth or be for full 24 hours)	oil and must be equal to or exceed top al
Dute First New Oll Run To Tanks	Date of Test	Producing Method (Flow, pump, go	as lift, etc.)
August 14, 1985	September 23, 1985	Pump Casing Pressure	Choke Size
24 hours			
Actual Prod. During Test	011-Bbls. 10	Water-Bble.	Gas-MCF 3.2
		_ <b>_</b>	
GAS WELL Actual Frod. Tool-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
lesting Method (pitat, back pr.)	Tubing Presswe (Shut-in)	Casing Pressure (Shut-in)	Choke Site
CERTIFICATE OF COMPLIAN	NCE .		ATION DIVISION
	regulations of the Oll Conservation	APPROVED OCT 4 -	1303
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY ORIGINAL SIGNED BY ISRRY SEXTON TITLE DISTRICT I SUPERVISOR	
Thomas F. Zapatka/	natwei	If this is a request for al well, this form must be account tests taken on the well in ac	lowable for a newly drilled or deepen nyanied by a tabulation of the deviati cordance with BULE 111.
Production Engineer	(.]	All sections of this form	must be filled out completely for ello
(Tule) September 24, 1985		able on new and recompleted Fill out only Sections I	II. III. and VI for changes of owne
(Dute)		well name or number, or trans;	porter, or other such change of condition must be filed for each pool in multip
		romuleted wells.	· · · · · · · · · · · · · · · · · · ·



