

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |     |
|------------------------|-----|
| NO. OF COPIES REQUIRED |     |
| DISTRIBUTION           |     |
| SANTA FE               |     |
| FILE                   |     |
| U.S.G.E.               |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRODUCTION OFFICE      |     |

1. Operator  
Marathon Oil Company

Address  
P. O. Box 2409, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box) Other (Please explain)

|                     |                                     |                           |                          |
|---------------------|-------------------------------------|---------------------------|--------------------------|
| New Well            | <input checked="" type="checkbox"/> | Change in Transporter of: |                          |
| Recompletion        | <input type="checkbox"/>            | Oil                       | <input type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/>            | Casinghead Gas            | <input type="checkbox"/> |
|                     |                                     | Dry Gas                   | <input type="checkbox"/> |
|                     |                                     | Condensate                | <input type="checkbox"/> |

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

2. DESCRIPTION OF WELL AND LEASE

|                           |               |  |  |     |           |
|---------------------------|---------------|--|--|-----|-----------|
| Lease Name<br>J. L. Muncy | Well No.<br>7 | Pool Name, including Formation<br>Wantz Granite Wash | Kind of Lease<br>State, Federal or Fee | Fee | Lease No. |
|---------------------------|---------------|--|--|-----|-----------|

Location

Unit Letter G ; 1874 Feet From The East Line and 2086 Feet From The North

Line of Section 24 Township 22S Range 37E , NMPM, Lea County

3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |            |             |             |                                   |                         |
|---|--|------------|-------------|-------------|-----------------------------------|-------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Texas-New Mexico Pipeline Company | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 1510, Midland, Texas 79701     |            |             |             |                                   |                         |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Warren Petroleum Company  | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 1197, Eunice, New Mexico 88231 |            |             |             |                                   |                         |
| If well produces oil or liquids,<br>give location of tanks.   | Unit<br>P  | Sec.<br>24 | Twp.<br>22S | Rge.<br>37E | Is gas actually connected?<br>Yes | When<br>August 27, 1985 |

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. |
| X   | X   |                          | X                     |          |        |           |             |              |
| Date Spudded<br>May 11, 1985  | Date Compl. Ready to Prod.<br>August 1, 1985      | Total Depth<br>7591'     | P.B.T.D.<br>7589'     |          |        |           |             |              |
| Elevations (DF, RKB, RT, GR, etc.)<br>GR 3318' KB 3330'                             | Name of Producing Formation<br>Wantz Granite Wash | Top Oil/Gas Pay<br>7403' | Tubing Depth<br>7273' |          |        |           |             |              |
| Perforations<br>7403', 06', 17', 35', 48', 75', 87', 7505', 24', 45', 59', w/1 JSPF | Depth Casing Shoe<br>7591'                        |                          |                       |          |        |           |             |              |

TUBING, CASING, AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12 1/4"   | 9 5/8" 36# & 40#     | 1199'     | 700          |
| 8 3/4"    | 7" 23# & 26#         | 7591'     | 2700         |

4. 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)

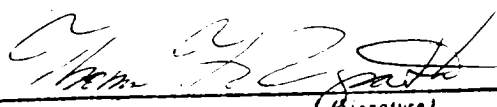
|   |                                 |  |
|---|---------------------------------|--|
| Date First New Oil Run To Tanks<br>August 1, 1985 | Date of Test<br>August 27, 1985 | Producing Method (Flow, pump, gas lift, etc.)<br>Flowing |
| Length of Test<br>24 hours                        | Tubing Pressure<br>60 psi       | Casing Pressure<br>0                                     |
| Actual Prod. During Test                          | Oil-Bbls.<br>95                 | Water-Bbls.<br>0   |
|   |                                 | Choke Size<br>24/64"                                     |
|   |                                 | Gas-MCF<br>205   |

GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D          | Length of Test            | Bbls. Condensate/MCMCF    | Gravity of Condensate |
| Testing Method (prior, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

5. 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.

  
(Signature)  
Production Engineer  
(Title)  
August 28, 1985  
(Date)

OIL CONSERVATION DIVISION

AUG 30 1985

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

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 deviate 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 C-104 must be filed for each pool in multiple completed wells.