

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.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)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

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

## 2. DESCRIPTION OF WELL AND LEASE

Lease Name S. Eunice (7RQ) Unit	Well No. 439	Pool Name, including Formation S. Eunice 7RQ	Kind of Lease State, Federal or Fee State	Lease No. A-2614
Location Unit Letter <u>N</u> : <u>990</u> Feet From The <u>South</u> Line and <u>2220</u> Feet From The <u>West</u> Line of Section <u>36</u> Township <u>22S</u> Range <u>36E</u> , 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"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas, 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Box 66, Oil Center, New Mexico, 88266
If well produces oil or liquids, give location of tanks.	Unit <u>G</u> <u>35</u> <u>22S</u> <u>36E</u> Is gas actually connected? <u>Yes</u> When <u>November 6, 1985</u>

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 <input checked="" type="checkbox"/>	Gas well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded August 19, 1985	Date Compl. Ready to Prod. October 18, 1985		Total Depth 3818'		P.B.T.D. 3775'			
Elevations (DF, RKB, RT, GR, etc.) GR 3426, KB 3439	Name of Producing Formation S. Eunice (7RQ)		Top Oil/Gas Pay 3646'		Tubing Depth 3726'			
Perforations 3646, 48, 50, 52, 54, 89, 91, 3701, 03 with 1 JSPF					Depth Casing Shoe 3814'			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8" 24#	402'	300
7 7/8"	5 1/2" 15.5#	3814'	1500

## 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 October 18, 1985	Date of Test November 4, 1985	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 113	Water-Bbls. 196	Gas-MCF 28

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Thomas F. Zapatka

(Signature)

Production Engineer

(Title)

November 7, 1985

(Date)

## OIL CONSERVATION DIVISION

APPROVED NOV 13 1985, 19BY Eddie W. SeayTITLE Oil & Gas Inspector

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

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NOV 12 1985

O.C.B.  
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