

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	Marathon Oil Company	
2. ADDRESS	P. O. Box 552, Midland, Texas 79702	
3. 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"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

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

## I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
S. Eunice (7RQ) Unit	438	S. Eunice (7RQ)	State, Federal or Fee	State A-2614
Location				
Unit Letter <u>K</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u>				
Line of Section <u>36</u> Township <u>22S</u> Range <u>36E</u> , NMPM, Lea Cou				

## II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas-New Mexico Pipeline Company	P.O. Box 60028, San Angelo, Texas 76906					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<del>Phillips Petroleum Company</del> <b>GPM Gas Corporation</b> <b>EFFECTIVE February 1, 1992</b>	<del>4001 Redbrook, Dallas, Texas</del> <b>4001 Redbrook, Dallas, Texas</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	35	22S	36E	Yes	March 26, 1986

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

## III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. R
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
January 27, 1986	March 11, 1986		3869'		3814'			
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
GR 3432' KB 3446'	Seven Rivers/Queen		3655'		3727'			
Perforations					Depth Casing Shoe			
3655, 56, 74, 75, 76, 79, 3710, 14, 16, 22, 24, 26 w/1 JSPF					3864'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 24#		406		300			
7 7/8"	5 1/2" 15.5#		3864		700			

## IV. 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-able 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.)	
March 13, 1986	March 20, 1986	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	30		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	29	9	42

## 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

## V. 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

March 26, 1986

(Date)

OIL CONSERVATION DIVISION

APPROVED **APR 14 1986**, 19BY **ORIGINAL SIGNED BY JERRY SEXTON**TITLE **DISTRICT I SUPERVISOR**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep 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 a well on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multi-completed wells.