

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.S.	
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 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"/>

Other (Please explain) Temporary not allowable of 1000 bbl of oil for March 1986

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>S. Eunice (P.R.Q) Unit</u>	<u>438</u>	<u>S. Eunice - Seven Rivers/Queen</u>	<u>State, Federal or Fee State</u>	<u>A-2614</u>

Location

Unit Letter K : 2310 Feet From The South Line and 2310 Feet From The West

Line of Section 36 Township 22S Range 36E , NMPM, Lea County

III. 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)
<u>Texas-New Mexico Pipeline Co</u>	<u>Box 60028, San Angelo Tx 76906</u>
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)
<u>Phillips Petroleum Co</u>	<u>Box 66 Oil Center, New Mexico 88266</u>

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>G</u>	<u>35</u>	<u>22S</u>	<u>36E</u>	<u>No</u>	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
<u>Jan 22, 1986</u>	<u>March 11, 1986</u>	<u>3865'</u>	<u>3814</u>
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
<u>GR 3432 KB 3446</u>	<u>Seven Rivers/Queen</u>	<u>3655'</u>	<u>3727'</u>
Perforations	Depth Casing Shoe		
<u>3655, 56, 74, 75, 76, 79, 3710, 14, 16, 22, 24, 3726 w/ 1 JSRF</u>	<u>3864'</u>		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8" 24#</u>	<u>406'</u>	<u>300</u>
<u>7 7/8"</u>	<u>5 1/2" 15.5#</u>	<u>3864'</u>	<u>200</u>

V. 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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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. Z...
(Signature)
Production Engineer
(Title)
March 12, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 13 1986, 19__

BY 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 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 multiple