STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE	✓	✓
FILE	✓	✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	✓
OPERATOR		✓
PRORATION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED
OCT 03 '88
O. C. D.
ARTESIA, OFFICE

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Marathon Oil Company ✓

Address: P.O. Box 552, Midland, Texas 79702

Reason(s) for filing (Check proper box)

- [X] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:

- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain)

CASINGHEAD GAS MUST NOT BE FLARED AFTER 12-5-88 UNLESS AN EXCEPTION FROM N.M.O.C.D. & B.L.M. IS OBTAINED

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.
Marathon Shugart "B"	1	Tamano Bone Spring	State, Federal or Fee Federal	LC-062052

Location

Unit Letter M : 660 Feet From The West Line and 470 Feet From The South

Line of Section 11 Township 18S Range 31E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Koch Oil Company	P.O. Box 3609, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Conoco Inc.	P.O. Box 90, Maljamar, NM 88264 Part ED-2

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	11	18S	31E	No	10-14-88 comp + BK

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

NOTE: *Complete Parts IV and V on reverse side if necessary.*

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 is true and complete to the best of my knowledge and belief.

-J. R. Jenkins
(Signature)
Hobbs Production Superintendent
(Title)
9/30/88
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 7 1988, 19 ____

BY Original Signed By
Mike Williams

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 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.

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well: X	Gas Well	New Well: X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded: 7-25-88	Date Compl. Ready to Prod.: 9-28-88		Total Depth: 9007'			P.B.T.D.: 8960'		
Elevations (DF, RKB, RT, GR, etc.): 3718.4' GL	Name of Producing Formation: Bone Spring		Top Oil/Gas Pay: 8072'			Tubing Depth: 8157'		
Perforations: Bone Spring 8072'-8120'						Depth Casing Shoe: 9007'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	755'	492 sx Class "C", Circ'
11"	8 5/8"	2,705'	950 sx Class "C", Circ'
7 7/8"	5 1/2"	9,007'	1722 sx Class "H", Circ
N/A	2 3/8" Tubing	8,157'	N/A

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-

OIL WELL

sale for this depth or be for full 24 hours)

Date First New Oil Run To Tanks: 8-27-88	Date of Test: 9-29-88	Producing Method (Flow, pump, gas lift, etc.): Pumping	
Length of Test: 24	Tubing Pressure: 18 psig	Casing Pressure: 18 psig	Choke Size: N/A
Actual Prod. During Test	Oil - Bbls.: 40	Water - Bbls.: 0	Gas - MCF: 58

GAS WELL

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