

OIL CONSERVATION DIVISION

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

Form C-104
Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Wainoco E-619 St.A/C B	Well No. 2	Pool Name, Including Formation Vacuum Abo, North	Kind of Lease State, Federal or Fee State	Lease No. E-619
Location				
Unit Letter M : 660 Feet From The South Line and 660 Feet From The West				
Line of Section 2 Township 17S Range 34E, NMPM, Lea County				

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)					
Mobil Pipeline	P. O. Box 900, Mobil Bldg., Dallas, TX, 75221					
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)					
Phillips Petroleum Company	P. O. Box 758, Hobbs, NM, 88240					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 2	Twp. 17S	Rge. 34E	Is gas actually connected? Yes	When 01-10-86

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 09-11-85	Date Compl. Ready to Prod. 10-22-85	Total Depth 8850'	P.B.T.D. 8824'					
Elevations (DF, RKB, RT, GR, etc.) GR 4051, DF 4064	Name of Producing Formation Vacuum Abo, North	Top Oil/Gas Pay 8656	Tubing Depth 8815'					
Perforations 8656-58, 60-73, 76-80, 85-87, 8719-21, 27-29, 40-42, 53-55, 72-80, 8800-8804							Depth Casing Shoe 8850'	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8", 48#/ft.	505'	600
11"	8 5/8", 24 & 32#/ft.	4872'	2200
7 7/8"	5 1/2", 15.5 & 17#/ft.	4198'-8850' (Liner)	1150
	2 3/8"	8819'	

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 10-25-85	Date of Test 01-09-86	Producing Method (Flow, pump, gas lift, etc.) Pump 2" x 1 1/4" x 20' x 26' RHBC	
Length of Test 24 hours	Tubing Pressure 40	Casing Pressure 40	Choke Size -
Actual Prod. During Test	Oil-Bbls. 17	Water-Bbls. 155	Gas-MCF 32

GAS WELL

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

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.

Steven A. Pohler/ Steven A. Pohler
(Signature)
Production Engineer
(Title)
January 10, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 15 1986, 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 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 completed wells.

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JAN 14 1986

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