STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	-		
DISTRIBUTE	OM		-
SANTA FE			_
FILE			
U.S.G.S.		\neg	
LAND OFFICE			_
TRANSPORTER	OIL		
	GAS		
OPERATOR		\neg	
PROBATION OF	'KE	$\neg \neg$	

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

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

REQUEST FOR ALLOWABLE

OPERATOR		OK ACCOMADEE		
PROBATION OFFICE		AND		
ī	AUTHORIZATION TO TRA	NSPORT OIL AND NAT	URAL GAS	
Operator				
· ·	_			
Marathon Oil	l Company			
Address				
P O Por 5	50 Madian m -	70700		
Because I for Allies (Classic State)	52, Midland, Texas	79702		
Reason(s) for filing (Check proper box)		Other (Plea	se explain/	
New Well	Change in Transporter of:			
X Recompletion	Cil	Dry Gas	•	
Change in Ownership	Casinghead Gas			
		Condensate		
If change of compaction since a second				
If change of ownership give name and address of previous owner				
				
II DESCRIPTION OF WELL AND	IT ACD			
II. DESCRIPTION OF WELL AND				
	Well No. Pool Name, Including		Kind of Lease	Legse No.
Lea Unit	7 Lea - Bone	Spring	State, Federal or Fee	Fed. NM02127E
Location				111021271
N 660	South	1000		
Unit Letter;	Feet From The South	_ine and1980	Feet From The	West
Line of Section 12 Towns	ship 20–S Sange	34-E , NMP	. Lea	6
			п. пеа	County
III DESIGNATION OF TRANSPO	DTTD OF OH LAND MARKET			
III. DESIGNATION OF TRANSPO	KIER OF OIL AND NATUR	AL GAS		
Number of Nationalized . Reinsporter of Cit V	A of Condensate	Address (Give address	to which approved copy	of this form is to be sent)
Texas-New Mexico Pipel	ine Company	P. O. Box 15	O, Midland, Te	70700
Name of Authorized Transporter of Casin	gneda Gas KXGPMCRAss Cher	Address (Give address	to watch approved come	19702
Phillips Potro Co -	Funico Plant Syst	oration, ESEECTIVE	February 1, 199	2 _
Phillips Petro. Co	Editice Trail Syst.	4001-Pennibro	ok blug 7, odess	sa, Texas 79760
it wait bloodcas off or lidnids'	Unit Sec. Twp. Rge.	is das actually counsel	ed? When	
give location of tanks.	L 12 20-S 34-	E yes	' Ju	ine 25, 1987
f this production is compared with	the framework to the state of t			23, 1707
If this production is commingled with	that from any other lease or pool	l. give commingling orde	r number:	
NOTE: Complete Parts IV and V of	on reverse side if necessary			
	meressary.			
71. CERTIFICATE OF COMPLIANO	70	0, 6	ONOSDI ATIONI S	
i. CERTIFICATE OF COMPLIANC	.E		ONSERVATION DI	VISION
hereby certify that the rules and regulations	of the Oil Consession Billion	- 1 }	1111 6 198	₹7
een complied with and that the information g	of the Oil Conservation Division have	APPROVED	JUL 0 130	. 19
by knowledge and belief.	iven is true and complete to the best of	11		• • • • • • • • • • • • • • • • • • • •
The state of the s		BY _OMGINAL SI	MED BY JERRY CEN	19704
			CT I SUPERVISOR	
	1	TITLE	C. I SOFEK VISOR	
	// · .			• #
Cue III	Funcl.	This form is to	be filed in complianc	■ with RULE 1104.
(5:	wige.	If this is a requ	est for allowable for a	newly drilled or deepened
(Signature		Il matte torm man	UV ECCOMPANIAN NV a	16501601am a/ 16a 4a
Engineer		Tours taken on the	ATT TO SCCOLGENCE AT	TH RULE 111.
(Title)		All sections of	this form must be fille	d out completely for allow-
July 1, 1987		able on new and rec	ompleted wells.	
		Fill out only 9	ections I. II. III. and	VI for changes of owner,
(Date)		weil name or number.	or transporter, or other	r such change of condition.
		Separate Forms	C-104 must be fited	for each pool in multiply
		completed wells.		seem boot in unitibly

mp

Designation of Complete	Cil Well Gas Well	New Well Workover Dee	pen Plug Bacz Same Resty, Diff. Rest
Designate Type of Completi	on = (X)		X
Octa Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-26-61	Recompl. 6-17-87	14,541'	9888'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top OII/Gas Pay	Tubing Cepth
GR: 3657'; KB: 3678'	Bone Spring	9,572'	95081
Perforations			Depth Casing Shoe
9572'-76', 79'-81',	86'-99', 9601'-03' (2.3	JSPF, .41" dia., 50	holes) 13,565'
	TUBING, CASING, AN	O CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	8681	800
12-1/4"	9-5/8"	55081	2625
8-3/4"	7"	13565'	1300
	2-7/8"	9508'	
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	ifter recovery of total volume of la	ond all and must be equal to or exceed top allow
OIT MEIT	4010 100 1118 4	epsh or be for full 24 hours;	
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump,	
6-17-87	6-27-87	Pumping 1-1/4"	Insert
Length of Test	Tubing Pressure	Casing Pressure	Choke Size

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/AGACF	Gravity of Condensate
Testing Method (picos, back pr.)	Tubing Pressure (Shet-in)	Casing Pressure (Shut-in)	Choke Sise
		ļ.	1

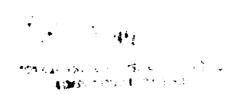
50 psi

103

CII - Bbis.

Packer

161



IV. COMPLETION DATA

24 hrs.

RECEIVED

Gas - MCF

175

JUL 2 1867 ÖCD HOEBS OFFICE