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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
 Supersedes Old C-104 and C-110  
 Effective 1-1-65

BLINEBRY POOL

**I. OPERATOR**

Operator: Marathon Oil Company

Address: P. O. Box 2409 Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box):

New Well  Change in Transporter of: Oil  Dry Gas

Recompletion  Casinghead Gas  Condensate

Change in Ownership

Other (Please explain):

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

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Edith Butler "B"</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Blinebry</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location				
Unit Letter <u>J</u>	<u>1980</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u>			
Line of Section <u>13</u>	Township <u>22S</u>	Range <u>37E</u>	<u>Lea</u> 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 Pipe Line Company</u>	<u>P. O. Box 1510, Midland, Texas 79701</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>Warren Petroleum</u>	<u>P. O. Box 1197, Eunice, New Mexico 88231</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>13</u>	Twp. <u>22S</u>	Page <u>37E</u>
	Is gas actually connected?		When	
	<u>YES</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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>9-30-75</u>	Date Compl. Ready to Prod. <u>5-25-76</u>	Total Depth <u>7753'</u>	P.B.T.D. <u>6595'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>GL 3323'; KDB 3334'</u>	Name of Producing Formation <u>Blinebry</u>	Top Oil/Gas Pay <u>5466'</u>	Tubing Depth <u>5530'</u>					
Perforations			Depth Casing Shoe <u>7753'</u>					

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>13-3/4"</u>	<u>10-3/4"</u>	<u>1274'</u>	<u>460sx Cl "C" w/2% CaCl &amp; 1/2# flocele</u>
			<u>sx followed by 300sx Cl "C". Cmt.</u>
<u>8-3/4"</u>	<u>7"</u>	<u>7753'</u>	<u>circ'd. 1st Stg: 200sx lite w/8# &amp;</u>
			<u>1/2# flocele/sx 2nd Stg: 50/50 pzm w/2% salt. Cmt. ci</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 <u>4-9-76</u>	Date of Test <u>5-30-76</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24</u>	Tubing Pressure <u>380</u>	Casing Pressure <u>660</u>	Choke Size <u>24/64"</u>
Actual Prod. During Test	Oil-Bbls. <u>69</u>	Water-Bbls. <u>51</u>	Gas-MCF <u>748</u>

**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

**VI. CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

M L Johnston  
 (Signature)

Petroleum Engineer

(Title)

June 2, 1976

(Date)

**OIL CONSERVATION COMMISSION**

APPROVED 2 1976 19

BY Jerry Sexton  
 TITLE MANAGER

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.