

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

DEC 5 1980

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |   |
|------------------------|---|
| NO. OF COPIES REQUIRED | 1 |
| DISTRIBUTION           |   |
| SANTA FE               |   |
| FILE                   | 1 |
| U.S.D.C.               |   |
| LAND OFFICE            |   |
| TRANSPORTER            |   |
| OPERATOR               |   |
| PRODUCTION OFFICE      |   |

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)

Request Testing Allowable of 300 Barrels

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

|                    |          |                                |                               |                   |
|--------------------|----------|--------------------------------|-------------------------------|-------------------|
| Lease Name         | Well No. | Pool Name, including Formation | Kind of Lease                 | LC                |
| Johnson, "B" A/C 2 | 1        | Shugart (Y, SR, Q, G)          | State, Federal or Fee Federal | 029388(d)         |
| Location           |          |                                |                               |                   |
| Unit Letter        | D        | 660 Feet From The              | North Line and                | 660 Feet From The |
| Line of Section    | 15       | Township                       | 18S                           | Range             |
|                    |          |                                | 31E                           | N.M.P.M.          |
|                    |          |                                | Eddy                          | 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) |      |      |      |                            |      |
| Texas-New Mexico Pipeline Company                                                                                        | P. O. Box 1510, Midland, Texas 79701                                     |      |      |      |                            |      |
| 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, New Mexico 88240                                   |      |      |      |                            |      |
| If well produces oil or liquids, give location of tanks.                                                                 | Unit                                                                     | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|                                                                                                                          |                                                                          | 10   | 18S  | 31E  | No - lease use only.       |      |

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                    | Gas Well        | New Well          | Workover | Deepen | Plug Back | Same Reservoir | Dist. Res. |
| Date Spudded                       | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.          |          |        |           |                |            |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth      |          |        |           |                |            |
| Perforations                       |                             |                 | Depth Casing Shoe |          |        |           |                |            |

## TUBING, CASING, AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

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)

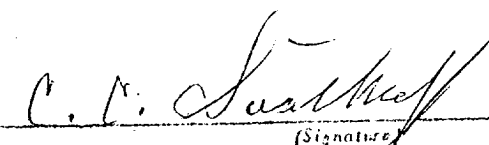
|                                 |                 |                                               |            |
|---------------------------------|-----------------|-----------------------------------------------|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (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            |

## 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.

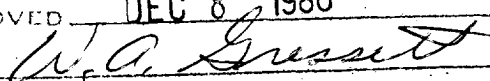


Operations Superintendent

December 1, 1980

## OIL CONSERVATION DIVISION

APPROVED DEC 8 1980

BY   
SUPERVISOR, DISTRICT II

TITLE

This form is to be filed in compliance with RULE 1.01.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 1.11.

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 Form C-104 must be filed for each pool in multi-well or leased wells.