

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

APR 10 1992

O. C. D.
ARTESIA OFFICE

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

25F
21
GT
OP

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Marathon Oil Company	Well API No. 30-015-05557
Address P. O. Box 552, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Johnson "B" Federal A/C 2	Well No. 2	Pool Name, including Formation Shugart (Y, SR, Q, G)	Kind of Lease State, Federal or Fee	Lease No. LC-029388 (d)
Location Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line Section 15 Township 18-S Range 31-E, NMPM, Eddy 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"/> Pride Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2436, Abilene, Texas 79604					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 90, Maljamar, NM 88264					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 11	Twp. 18	Rge. 31	Is gas actually connected? Yes	When? NA
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 X	Gas Well	New Well	Workover	Deepen X	Plug Back	Same Res'v	Diff Res'v X
Date Spudded 3-3-92	Date Compl. Ready to Prod. 3-25-92		Total Depth 4210'		P.B.T.D. 4144'			
Elevations (DF, RKB, RT, GR, etc.) 3694' KB	Name of Producing Formation Grayburg		Top Oil/Gas Pay 3972'		Tubing Depth 4055'			
Perforations 3972-81', 4015-20', 4023-28', 4034-41' and 4056-94'					Depth Casing Shoe 4157'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/4"	9-5/8"		815'		525			
8-3/4"	5-1/2"		4157'		500			
NA	2-7/8"		4055'		N/A			

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 Tank 3-25-92	Date of Test 4-7-92	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 20 psi	Casing Pressure 20 psi	Choke Size NA
Actual Prod. During Test	Oil - Bbls. 13	Water - Bbls. 196	Gas - MCF 8

GAS WELL

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

VI. OPERATOR 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.



Signature
Rick Gaddis
Printed Name
4-8-92
Date
Production Engineer
(915) 682-1626
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 13 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.