

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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

JAN 19 '88

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Marathon Oil Company ✓	
Address P.O. Box 552, Midland, TX 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
Casinghead Gas MUST NOT BE Produced After 1/31/88	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Johnson "B" Federal	Well No. 4	Pool Name, including Formation Undesignated AMANO (Bone Spring)	Kind of Lease State, Federal or Fee Federal	Lease No. LC-029388(D)
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>11</u> Township <u>18-S</u> Range <u>31-E</u> , NMPM, <u>Eddy</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)
Koch Oil Company	P.O. Box 3609, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
N/A	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	K 11 18S 31E No 1-22-88

If this production is commingled with that from any other lease or pool, give commingling order number: N/A

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Allen S. Wilson Allen S. Wilson
(Signature)
Operations Engineer
(Title)
1/14/88
(Date)

OIL CONSERVATION DIVISION

JAN 19 1988

APPROVED _____, 19 _____

BY Original Signed By

Mike Williams

TITLE Oil & Gas Inspector

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 multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded 11/16/87	Date Compl. Ready to Prod. 1/14/88		Total Depth 9522'		P.B.T.D. 9479'				
Elevations (DF, RKB, RT, GR, etc.) GL-3736' KB-3751.7'	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 8060'		Tubing Depth 7973'				
Perforations 8060'-8150' W/2 SPF (182 Holes) .41" Dia.						Depth Casing Shoe 9522'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/2"	13 3/8"		671'		700 SX				
11"	8 5/8"		2728'		1450 SX				
7 7/8"	5 1/2"		9522'		1450 SX				
N/A	2 7/8" tubing		7973'		N/A				

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 1/10/88	Date of Test 1/14/88	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 190 psi	Casing Pressure 0	Choke Size 32/64"
Actual Prod. During Test 460 BO	Oil - Bbls. 460 BO	Water - Bbls. 0 BW	Gas - MCF 332

GAS WELL

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

Note: Marathon Oil Company requests confidentiality on this well.