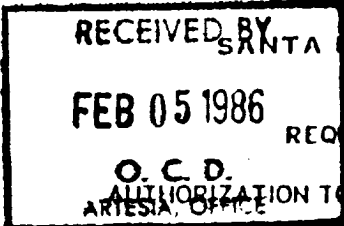


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U.S.U.B.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>



P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Marathon Oil Company

Address

P. O. Box 2409 Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Request a 1000 barrel test allowable

If change of ownership give name
and address of previous owner

for Feb. 1986
Bone Springs 8416-8644

II. DESCRIPTION OF WELL AND LEASE

Lease Name Johnson "B" Federal	Well No. 3	Pool Name, Including Formation Undesignated (Bone Springs)	Kind of Lease State, Federal or Fee Federal	Lease No. LC-029388
Location				
Unit Letter <u>C</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>11</u> Township <u>18S</u> Range <u>31E</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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119 Midland, TX 79702	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks. (temporary)	Unit <u>C</u>	Sec. <u>11</u>
	Twp. <u>18S</u>	Rge. <u>31E</u>
Is gas actually connected?		When
No		

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 10-15-85	Date Compl. Ready to Prod. 01-30-86		Total Depth 8830'		P.B.T.D. 8793'			
Elevations (DF, RKB, RT, GR, etc.) GL 3735', KB 3764.20'	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 8400'		Tubing Depth 8670'			
Perforations 8416', 23, 31, 36, 45, 52, 68, 76, 85, 97, 8507, 8584, 88, 92, 96, 8600, 8606, 8614, 18, 23, 27, 31, 34, 37, 41, 44 (26 holes, 1JSPF)					Depth Casing Shoe 8828'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8", 48#/ft., H-40		598'		700			
11"	8 3/8", 24 & 32#/ft., K-55		2700'		1550			
7 7/8"	5 1/2", 17#/ft., N-80		8828'		570 (1st stage) 2nd not pumped			

IV. 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 January 30, 1986	Date of Test	Producing Method (Flow, pump, gas lift, etc.) Pump	
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

V. 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.

Steven A. Pohler/

(Signature)

Production Engineer

(Title)

February 4, 1986

(Date)

OIL CONSERVATION DIVISION

FEB 13 1986

APPROVED _____, 19____

BY _____ Original Signed By

Les A. Clements

TITLE _____ Supervisor District II

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 allow
able 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 conditionSeparate Forms C-104 must be filed for each pool in multiple
completed wells.