

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED BY
FEB 26 1986

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ARTESIA OFFICE

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	
GAS	
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

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

☐

Dry Gas

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 5-4-86

UNLESS AN EXCEPTION FROM
THE B. L. M. IS OBTAINED

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	Lease No.
Johnson "B" Federal	3	Tamano Undesignated (Bone Springs)	State, Federal or Fee Federal	LC-029388(c)
Location				
Unit Letter	C	660 Feet From The North Line and	1980 Feet From The West	
Line of Section	11	Township 18S	Range 31	NMPM, 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)					
Permian Corporation	P.O. Box 3119 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)					
None						
If well produces oil or liquids, give location of tanks. (temporary)	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	11	18S	31E	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10-15-85	01-30-86	8830'	8793'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
GL 3735', KB 3764.20'	Bone Springs	8400' 8416	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, 1 JSPP)					Depth Casing Shoe		
		TUBING, CASING, AND CEMENTING RECORD					8825'	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8", 48#/ft., H-40	598'	700					
11"	8 5/8", 24 & 32/ft., K-55	2700'	1550					
7 7/8"	5 1/2", 17#/ft., N-80	8828'	570 (1st stage), 824 sx					
		23/8	8670 Halliburton Lite & 100 sx Class					

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.)	
January 30, 1986	February 20, 1986	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	25	25	-
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
26 BFPD	14	12	5.9

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.

Steven A. Pohler/Steven A. Pohler

(Signature)

Production Engineer

(Title)

February 21, 1986

(Date)

OIL CONSERVATION DIVISION

FEB 28 1986

APPROVED

BY

M. Williams

TITLE

OIL AND 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 multiple completed wells.