

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI
(Other Instructions
verse side)

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Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

3/58

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED JUL 19 '89 O. C. D. ARTESIA, OFFICE
2. NAME OF OPERATOR Marathon Oil Company	
3. ADDRESS OF OPERATOR P.O. Box 552, Midland, TX 79702	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2260' FSL & 1980' FEL	
14. PERMIT NO. 30-015-25895	15. ELEVATIONS (Show whether DF, RT, GB, etc.) 3739' GL

5. LEASE DESIGNATION AND SERIAL NO LC-029388 (d)	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Johnson "B" Federal	
9. WELL NO. 5	
10. FIELD AND POOL, OR WILDCAT Tamano - Bone Spring	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T18S, R31E	
12. COUNTY OR PARISH Eddy	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☒ Completion

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

5/25/88 - MIRU PU. Drilled out DV tool at 7473'. Tested casing to 1000 psi-OK. Ran CBL from 8791'-2700'. Perf'd 2nd Bone Spring Carbonate at 8082'-98', 8110'-18', and 8128'-40' w/2 SPF. Acidized w/2650 gals 15% NEFE HCl.

6/24/88 - Potential Test: Well pumped 86 BO, 0 BW, and 68 MCFG in 24 hours. GOR = 791.

Aug 3 8 07 AM '88
C. H. HARRIS
ARTESIA

RECEIVED

18. I hereby certify that the foregoing is true and correct

SIGNED David H. Taimuty

TITLE Operations Engineer

DATE 8/5/88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

SJS

*See Instructions on Reverse Side

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

Drawer DD Artesia, N.M.

DISTRICT OFFICE II

May thru August 1988
NO. 2055 N

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE June 30, 1988

PURPOSE ALLOWABLE ASSIGNMENT - NEW OIL

Effective June 1, 1988 an allowable of 86 barrels of oil per day is hereby assigned to Marathon Oil Co., Johnson B Federal #5-J-11-18-31 in the Tamano Bone Spring Pool.

L - F

MP - P

June Total - 2580 bbls.
July Total - 2666 bbls.
Aug. Total - 2666 bbls.

Fmtn. - Bone Spring
Perf. - 8082-8140
TD - 8967
Comp. - 6-24-88

MW/mm

Marathon Oil Co.

Koc
Con

OIL CONSERVATION DIVISION


DISTRICT SUPERVISOR

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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PRODUCTION OFFICE	<input checked="" type="checkbox"/>

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

Operator Marathon Oil Company <input checked="" type="checkbox"/>		JUN 29 '88
Address P.O. Box 552, Midland, Texas 79702		O. C. D. ARTESIA, OFFICE
Reason(s) for filing (Check proper box)		Other (Please explain)
<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> casinghead Gas	<input type="checkbox"/> Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Johnson "B" Federal	Well No. 5	Pool Name, including Formation Tamano (Bone Spring)	Kind of Lease State, Federal or Fee Federal	Lease No. LC-029388(D)
Location				
Unit Letter <u>J</u> : <u>2260</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</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"/>	Address (Give address to which approved copy of this form is to be sent)
Koch Oil Company	P.O. Box 3609, Midland, Texas 79702
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)
Conoco Inc.	P.O. Box 90, Maljamar, NM 88264
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>K</u> Sec. <u>11</u> Twp. <u>18S</u> Rge. <u>31E</u>	Yes <u>6-27-88</u>

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

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.

-J. R. Jenkins

(Signature)

Hobbs Production Superintendent

(Title)

6-28-88

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 30 1988 , 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 X	Gas well	New well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-9-88	Date Compl. Ready to Prod. 6-24-88	Total Depth 8967'			P.B.T.D. 8861'				
Elevations /DF, RKB, RT, GR, etc., 3760' KB, 3740' GL	Name of Producing Formation Bone Spring	Top Oil/Gas Pay 8082'			Tubing Depth 8149'				
Perforations 8082'-98', 8110'-18', 8128'-40' w/2 JSPF						Depth Casing Shoe 8861'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"		757'		635 sx Class "C"				
11"	8-5/8"		2706'		1350 sx Class "C"				
7-7/8"	5-1/2"		8950'		1715 sx Class "C" & "H"				
N/A	2-3/8" tubing		8149'		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 5-29-88	Date of Test 6-24-88	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 34 psig	Casing Pressure 40 psig	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 86	Water - Bbls. 0	Gas - MCF 68

GAS WELL

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