

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

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

APR 30 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Marathon Oil Company ✓		Well API No. 30-015-26286
Address P. O. Box 552, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) <u>Testing</u> Recompletion <input 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"/> Request temporary allowable of 4000 bbls to cover oil produced prior to potential test.		
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Marathon Shugart "B"	Well No. 2	Pool Name, Including Formation Tamano (Bone Spring)	Kind of Lease State (Federal) or Fee	Lease No. LC-062052
Location Unit Letter <u>L</u> : <u>1800</u> Feet From The <u>South</u> Line and <u>760</u> Feet From The <u>West</u> Line Section <u>11</u> Township <u>T18S</u> Range <u>R31E</u> , <u>NMPM</u> , <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"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3609, Midland, TX 79702					
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 K	Sec. 11	Twp. 18	Rge. 31	Is gas actually connected? Yes	When? 4-12-90
If this production is commingled with that from any other lease or pool, give commingling order number: <u>CTB-339</u>						

IV. 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 3-12-90	Date Compl. Ready to Prod. 4-12-90		Total Depth 8670'		P.B.T.D. 8553' KB			
Elevations (DF, RKB, RT, GR, etc.) GL 3730', KB 3747'	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 8056'		Tubing Depth 8016'			
Perforations Second Bone Spring Carbonate 8056'-8178'					Depth Casing Shoe 8670'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		755'		485			
11"	8 5/8"		2715'		775			
7 7/8"	5 1/2"		8670'		1745			
--	2 3/8" tbq		8016'		--			

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 4-12-90	Date of Test 4-27-90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 300 psig	Casing Pressure 0 psig	Choke Size 20/64"
Actual Prod. During Test	Oil - Bbls. 238	Water - Bbls. 43	Gas - MCF 244
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

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
J. R. Jenkins Hobbs Production Sup't.
Printed Name
4-27-90 (915) 682-1626
Date Telephone No.

OIL CONSERVATION DIVISION

MAY 2 1990

Date Approved

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.