

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

RECEIVED

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

NOV 13 '90

O. C. D.

ARTESIA, OFFICE

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Marathon Oil Company		Well API No. 30-015-26439
Address P. O. Box 552 Midland, Tx. 79702		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of operator give name  
and address of previous operator

#### II. DESCRIPTION OF WELL AND LEASE

Lease Name Johnson "B" Federal	Well No. 10	Pool Name, Including Formation Tamano (Bone Spring)	Kind of Lease State, Federal or Fee	Lease No. LC-029388-(D)
Location Unit Letter D : 990 Feet From The North Line and 450 Feet From The West Line Section 11 Township 18-S Range 31-E, NMPM, Eddy County				

#### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Pride Pipeline Company	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2436 Abilene, Tx. 79604				
Name of Authorized Transporter of Casinghead Gas Conoco, Inc.	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 90 Maljamar, N.M. 88264				
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 11	Twp. 18	Rge. 31	Is gas actually connected? Yes	When? 10-90

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

#### 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 8-6-90	Date Compl. Ready to Prod. 9-14-90	Total Depth 8556' MD			P.B.T.D. 8481' MD			
Elevations (DF, RKB, RT, GR, etc.) 3749' GL	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 8017'		Tubing Depth 8118'			
Perforations Second Bone Spring Carbonate 8017'-22', 8046'-80'					Depth Casing Shoe 8556'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		750'		485 sx."C"; circ.			
11"	8 5/8"		2445'		763 sx."C"; Circ.			
7 7/8"	5 1/2"		8556'		1550 sx."H"; TOC 251'			
-	2 3/8"		8118'		-			

#### 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 9-15-90	Date of Test 10-5-90	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure -	Casing Pressure -	Choke Size 12-7-90 comp + Bk.
Actual Prod. During Test	Oil - Bbls. 53	Water - Bbls. 0	Gas- MCF 305

#### 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 Prod. Superintendent  
Printed Name  
11-8-90 (915) 682-1626  
Date  
Telephone No.

#### OIL CONSERVATION DIVISION

Date Approved NOV 30 1990

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.