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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator Marathon Oil Company		
Address P.O. Box 2409, Hobbs, New Mexico 88240		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	4/1/73 UNLESS AN APPLICATION TO E-619 IS OBTAINED
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wainoco E-619 State A/C B	Well No. 1	Pool Name, Including Formation Vacuum Abo North	Kind of Lease State, Federal or Fee State	Lease No. E-619
Location Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line of Section 2 Township 17-S Range 34-E, NMPM, Lea 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)					
The Permian Corporation	P.O. Box 3119, Midland, Texas 79701					
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)					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 2	Twp. 17S	Rge. 34E	Is gas actually connected? No	When

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 <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 8-17-72	Date Compl. Ready to Prod. 10-1-72		Total Depth 8900'		P.B.T.D. 8850'			
Elevations (DF, RKB, RT, GR, etc.) DF 4063'	Name of Producing Formation Abo		Top Oil/Gas Pay 8627'		Tubing Depth 8823'			
Perforations 8627-33, 60-70, 72-28, 8734-39, 51-53, 60-68, 71-74' (40 holes)					Depth Casing Shoe 8900'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	12-3/4"		279'		350			
11"	8-5/8"		3189'		1200			
7-7/8"	4-1/2"		8900'		1000			
	2-3/8"		8823'					

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)

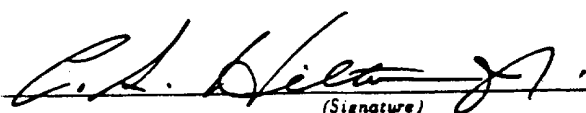
Date First New Oil Run To Tanks 10-1-72	Date of Test 10-2-72	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 30	Casing Pressure 30	Choke Size 2"
Actual Prod. During Test 126 bbls.	Oil-Bbls. 126	Water-Bbls. Trace	Gas-MCF 99.4

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. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)

Area Superintendent

(Title)

November 2, 1972

(Date)

OIL CONSERVATION COMMISSION

NOV 6 1972

APPROVED _____, 19____

BY _____ Orig. Signed by

John Runyan

TITLE _____ Geologist

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.

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1972

OIL CONSERVATION COMM.
HOBBS, N. M.

INCLINATION REPORT

Field _____ County Lea State New Mexico
Operator Marathon Oil Company Address Box 2409 Hobbs, New Mexico 88240
Lease Name & No. Awainoco "E" St. 619 A/c "B" Well No. 1 Survey Totco

RECORD OF INCLINATION

Depth (feet)	Angle of Inclination (degrees)	Displacement (feet)	Accumulative Displacement (feet)
240	No picture		
720	No picture		
1200	1/4	5.28	5.28
1920	1/2	6.34	11.62
2474	3/4	7.26	18.88
3190	1/2	6.30	25.18
4100	1/4	4.00	29.18
4410	3/4	4.06	33.24
5250	1	14.70	47.94
6530	1/2	11.26	59.20
7635	1 3/4	33.70	92.90
8460	1	14.44	107.34
8900	1	7.70	115.04
Total displacement			<u>115.04</u>

Survey was run in Open Hole Distance to the nearest lease line _____ feet

Certification of personal knowledge of Inclination Data:

I hereby certify that I have personal knowledge of the data and facts placed on this form, and that such information given above is true and complete.

Delton Marcum
Signature

MARCUM DRILLING COMPANY
Company

State of Texas)
County of Midland)

Before me, the undersigned, a Notary Public in and for said County and State, on this day personally appeared DELTON MARCUM, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purpose and consideration therein expressed and in the capacity therein stated.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS 25th DAY OF September 19 72

MY COMMISSION EXPIRES

15 June 1973

Allen J. McLean
Notary Public in and for said County and State

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