

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PROMOTION OFFICE	

Operator  
Marathon Oil Company  
Address  
P. O. Box 2409 Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Request more test allowable of 500
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	barrels of oil due to installing
	Dry Gas <input type="checkbox"/>	fiberglass rod string.
	Condensate <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name Wainoco E-619 St A/C B	Well No. 2	Pool Name, including Formation Vacuum Abo, North	Kind of Lease State, Federal or Fee	Lease No. E-619
Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>2</u> Township <u>17S</u> Range <u>34E</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Pipeline	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900 Mobil Bldg. Dallas, TX 7522	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co	Address (Give address to which approved copy of this form is to be sent) P. O. Box 758 Hobbs, NM 88240	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 2
	Twp. 17S	Rge. 34E
	Is gas actually connected?	When
	Yes	12-18-72

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'
	X		X					
Date Spudded 09-11-85	Date Compl. Ready to Prod. 10-22-85		Total Depth 8850'		P.B.T.D. 8824'			
Elevations (DF, RKB, RT, GR, etc.) GR 4051', DF 4064	Name of Producing Formation Vacuum Abo, North		Top Oil/Gas Pay 8656'		Tubing Depth 8815'			
Perforations 8656-58', 60-73', 76-80', 85-87', 8719-21', 27-29', 40-42', 53-55', 72-80', 8800-04'					Depth Casing Shoe 8850'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8", 48#/ft. H-40		505'		600			
11"	8 5/8", 24# & 32#/ft K-55		4872'		2200			
7 7/8"	5 1/2", 15.5# & 17#/ft		4198-8850' (Liner)		1150			

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 October 25, 1985	Date of Test	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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)

December 2, 1985  
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 5 - 1985, 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT SUPERVISOR

TITLE \_\_\_\_\_  
  
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 change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

RECEIVED

DEC 4 - 1985

O.C.D.  
HOBBS OFFICE