| STATE OF NEW MEXICO | OIL CONSERV | ATION DIVE ON | Form C-104 Revised 10-1-78 |
|--|--|---|---|
| DISTRIBUTION | | OX 2083 | |
| FILE | SANTA FL, NL | W MEXICO 87501 | |
| U B.U.B. | | | |
| TRANSPUNTER OIL | | OR ALLOWABLE | |
| 0 A 8 | | AND ISPORT OIL AND NATURAL GAS | |
| 2. PROBATION OFFICE | | | <u></u> |
| Marathon Oil Con | npany | | |
| Address P. O. Boy 532 | fidland Toxos 70702 | | ······································ |
| Reason(s) for filing (Check proper be | Midland, Texas 79702 | Other (Please explain) | |
| New Well | Change in Transporter of: | | |
| Recompletion | | | |
| Change In Ownership | Casinghead Gas Cond | lensate | |
| If change of ownership give name and address of previous owner | | | |
| · | | | |
| 1. DESCRIPTION OF WELL ANI | Vell No. Pool Name, Including | Formation Kind of Lea | Lease N |
| Lou Worthan | 19 Wantz Abo | State, Føder | |
| Location | | | |
| Unit Letter D ; 68 | 30 Feel From The North L | Ine and <u>880</u> Feet From | TheWest |
| Line of Section 11 T | ownship 22-S Range | 37-E , ммрм, Lea | Count |
| | | | |
| 1. DESIGNATION OF TRANSPOL Name of Authorized Transporter of C | | AS Address (Give adaress to which appro | oved copy of this form is to be sent) |
| Texas-New Mexico Pipel | | Box 1510, Midland, Te | |
| Name of Authorized Transporter of C | | Address (Give address to which appro | |
| Texaco Producing Ir | Unit Sec. Twp. Rge. | P. O. Box 1137, Eunic | e, N. Mexico 88231 |
| If well produces oil or liquids, give location of tanks. | F 11 22-S 37-E | | Nov. 19, 1986 |
| If this production is commingled w | with that from any other lease or pool, | , give commingling order number: | |
| COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Resty. Dill. Re: |
| Designate Type of Complet | ion – (X) X | X | |
| Date Spudded Nov. 30, 1985 | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| Elevations (DF, RKB, RT, GR, etc.) | Feb. 14, 1986 | / 400 ' Top Oil/Gas Pay | Tubing Depth |
| GR 3368, KB 3382 | Wantz Abo | 6549' | 6387 ' |
| | 88, 6605', 13, 26, 32, | | Depth Casing Shoe |
| 95, 6806', 19, 35, 89, | 6941', 58, 77, 98, 7010' TUBING CASING AN | ', <u>24 w/ 1 JSPF</u> D CEMENTING RECORD | 7400' |
| HOLE SIZE | CASING & TUBING SIZE | DEPTHSET | SACKS CEMENT |
| 12-1/4 | 9-5/8 32.3# | 1200 | 700 |
| 8-3/4 | 7" 23 & 26# 2-3/8" | 6387 | 1995 |
| | 2-370 | | |
| . TEST DATA AND REQUEST F | OR ALLOWABLE (Test must be a | after recovery of total volume of load oil | and must be equal to or exceed top all |
| OIL WELL Date First New Oil Run To Tanks | able for this d. Date of Test | epth or be for full 24 hours) Producing Method (Flow, pump, gas li | (I, elc.) |
| | | | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbis. | Watet - Bbis. | Gas • MCF |
| Actual prod. During 1 | | | |
| <u></u> | | . <u> </u> | <u>, , , , , , , , , , , , , , , , , , , </u> |
| GAS WELL Actual Frod. T++1+MCF/D | Length of Test | Bbla. Condensate/MMCF | Gravity of Condensate |
| 372 | 24 hrs. | 8 | |
| Testing Method (pitot, back pr.) | Tubing Presews (shut-in) | Cosing Pressure (Shut-12) | Choke Size |
| Meter run | 1750 | 0 | 18/64 |
| 1. CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION DIVISION | |
| 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. | | APPROVED DEC.2 1986 19 | |
| | | BYRented by | |
| | | 11 visi 1+ | |
| M Br | | TITLE | |
| Thoma T. Zx | - FA | This form is to be filed in a | able for a newly drilled or deepen |
| (Signalwe) | | well, this form must be accompa- tests taken on the well in accor | nied by a labulation of the deviati |
| Production Engineer | | All sections of this form mu | at be filled out completely for allo |
| (T) November 24, 1986 | ile) | able on new and recompleted we | tit and VI for changes of owns |
| (Dore) | | well name or number, or transport | et of other such change of countil |
| · · | | Separate Forms C-104 must completed wells. | be filed for each pool in multip |