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 Approprate District Office
DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
 Energy, Minerals and Natural Resources Department

RECEIVED

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

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DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

FEB 11 1992

O. C. D.
 ARTESIA OFFICE

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

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

I. Operator Marathon Oil Company Well API No. 30-015-25982
 Address P. O. Box 552, Midland, TX 79702
 Reasons for Filing (Check proper box) Other (Please explain)
 Name change from Johnson "B" Federal No. 3
 to the Tamano (BSSC) Unit No. 508 Lease
 included in Unit on 1/1/92.
 Change in Transporter of: Dry Gas
 Oil Condensate
 Casinghead Gas Condensate
 If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE
 Lease Name Tamano (BSSC) Unit Well No. 508 Pool Name, including Formation Tamano (Bone Spring) Kind of Lease State, Federal or Fee Lease No. MMNM-85311
 Location
 Unit Letter O : 510 Feet From The South Line and 2030 Feet From The East 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 or Condensate Address (Give address to which approved copy of this form is to be sent)
Pride Pipeline, Inc. P. O. Box 2436, Abilene, TX 79604
 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)
Conoco, Inc. P. O. Box 90, Maljamar, NM 88264
 If well produces oil or liquids, give location of tanks. Unit K Sec. 11 Twp. 18S Rgn. 31E Is gas actually connected? Yes When? 1/1/92

IV. COMPLETION DATA
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v
 Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.B.T.D. _____
 Elevations (DF, RKB, RT, GR, etc.) _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Tubing Depth _____
 Perforations _____ Depth Casing Shoe _____

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u>Post ID-3</u>
			<u>2-21-92</u>
			<u>chg well name</u>

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 100 allowable for this depth or be for full 24 hours.)
 Date First New Oil Run To Tank _____ Date of Test _____ Producing Method (Flow, dump, gas lift, etc.) _____
 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 (pucl, 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 correct to the best of my knowledge and belief.
Rick Gaddis
 Signature
Rick Gaddis, Production Engineer
 Printed Name Title
2/7/92 915/682-1626
 Date Telephone No.

OIL CONSERVATION DIVISION
 Date Approved FEB 17 1992
 By _____ ORIGINAL SIGNED BY
MICHAEL H. HARRIS
 Title DISTRICT III OFFICE

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.