

Form C-104
Revised 4-1-89
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State of New Mexico
Energy, Minerals and Natural Resources Department

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Form C-104
Revised 4-1-89
See instructions
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DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

FEB 11 1992

O. C. D.
ARTERIA OFFICE

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

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. 30-015-26166

Address P. O. Box 552, Midland, TX 79702

Reason(s) for Filing (Check proper box) Other (Please explain)
New Well Change in Transporter of: Name change from Hudson "11" Federal No. 5
Recompletion Oil Dry Gas to the Tamano (BSSC) Unit No. 805 (included
Change in Operator Casinghead Gas Condensate in unit on 1/1/92).

If change of operator give name and address of previous operator HEYCO - P. O. Box 1933, Roswell, NM 88201

II. DESCRIPTION OF WELL AND LEASE

Lease Name Tamano (BSSC) Unit Well No. 805 Pool Name, including Formation Tamano (Bone Spring) Kind of Lease State, Federal or Fee Lease No. NMM-85311
Location
Unit Letter A 990 Feet From The North Line and 760 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 Co. 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. 18-S Rgn. 31-E Is gas actually collected? Yes When? 1/1/92

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

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>chq. op. & 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, pump, 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 (plug, 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.
Rick Gaddis
Signature
Rick Gaddis, Production Engineer
Printed Name
2/7/92 915/682-1626
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 17 1992
By ORIGINAL SIGNED BY
WILLIAM J. GEMS
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.