

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

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Form C-104
Revised 1-1-89
See Instructions
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DISTRICT II
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

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

FEB 1 1 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. 30-015-25825
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 Johnson "B" Federal No. 4
Recompletion ☐ Oil ☐ Dry Gas ☐ to the Tamano (BSSC) Unit No. 504 (lease
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐ included in unit on 1/1/92).
If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Tamano (BSSC) Unit Well No. 504 Pool Name, including Formation Tamano (Bone Spring) Kind of Lease State, Federal or Fee Lease No. NMNM-85311
Location Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West 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. 18-S Rgn. 31-E Is gas actually connected? Yes When? 1/1/92
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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compt. 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>Part II-3</u>
			<u>2-21-92</u>
			<u>chz well name</u>

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL Text 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 Title
Printed Name 2-7-92 915/682-1626
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 1 7 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.