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Appropriate District Office
DISTRICT I
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DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

RECEIVED

FEB 11 1992

O. C. D.
ARTESIA OFFICE

Form C-104
Revised 4-1-89
See Instructions
at Bottom of Page

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LT
GT
Op

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator		Well API No.
Marathon Oil Company		30-015-26286
Address		
P. O. Box 552, Midland, TX 79702		
Reason(s) for Filing (Check proper box)		
New Well	☐	Change in Transporter of: ☒ Other (Please explain)
Recompletion	☐	Name change from Marathon Shugart "B" Federal
Change in Operator	☐	No. 2 to the Tamano (BSSC) Unit No. 602
		(lease 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	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Tamano (BSSC) Unit	602	Tamano (Bone Spring)	State, Federal or Fee	NMNM-85311
Location				
Unit Letter	L	1800	Feet From The	South
Line and	760	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 bounds, give location of tanks.	Unit	Sec.
	K	11
	18-S	31-E
	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	Duff 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
			Part FD-3
			2-21-92
			chg well name

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 top allowable for this depth or be for full 24 hours.)			
Date First New Oil Rse 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 sp.)	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.



Signature
Rick Gaddis, Production Engineer

Printed Name
2/7/92

Date
915/682-1626

Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 17 1992

By ORIGINAL SIGNED BY
MILE WILKINSON
SUPERVISOR, DISTRICT II

Title

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.