Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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FEB 1 1 1992
O. C. D.
ARTESIA, OFFICE

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

CISE
LT
GT
DP

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Marathon Oil Company

Well API No.: 30-015-26379

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

Reason(s) for Filing (Check proper box)

New Well [ ]
Recompletion [ ]
Change in Operator [ ]
Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
[X] Other (Please explain): Name change from Johnson "B" Federal A/C 1 No. 9 to the Tamano (BSSC) Unit No. 409 (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 (State, Federal or Fee)	Lease No.
Tamano (BSSC) Unit	409	Tamano (Bone Spring)		NMNM-85311

Location: Unit Letter E : 2310 Feet From The North Line and 600 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 [X] or Condensate [ ]: Pride Pipeline Co.
Address (Give address to which approved copy of this form is to be sent): P. O. Box 2436, Abilene, TX 79604

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]: Conoco, Inc.
Address (Give address to which approved copy of this form is to be sent): P. O. Box 90, Maljamar, NM 88264

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	K	11	18S	31E	Yes	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 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
			Post ED-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 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 (pitot, 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 / Title

2/7/92 — Date

915/682-1626 — Telephone No.

OIL CONSERVATION DIVISION

Date Approved: FEB 17 1992

By: ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II

Title

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.