

State of New Mexico
Minerals & Natural Resources Department

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

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

☒ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address Marathon Oil Company P.O. Box 2409 Hobbs, NM 88240		² OGRID Number 014021
		³ Reason for Filing Code CO 11-96
⁴ API Number 30-015-26421	⁵ Pool Name TAMANO/BONE SPRINGS	⁶ Pool Code 58040
⁷ Property Code 6477	⁸ Property Name TAMANO (BSSC) UNIT	⁹ Well Number 301

II. ¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
I	10	18S	31E		1950	SOUTH	410	EAST	EDDY

¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
12 Lse Code F	13 Producing Method Code P	14 Gas Connection Date			15 C-129 Permit Number		16 C-129 Effective Date		17 C-129 Expiration Date

III. Oil and Gas Transporters

[illegible]

IV. Produced Water

23 POD	24 POD ULSTR Location and Description	DIST. 2

V. Well Completion Data

25 Spud Date		26 Ready Date		27 TD		28 PBDT		29 Perforations	
30 Hole Sie		31 Casing & Tubing Size		32 Depth Set		33 Sacks Cement			

VI. Well Test Data

³⁴ Date New Oil	³⁵ Gas Delivery Date	³⁶ Test Date	³⁷ Test Length	³⁸ Tbg. Pressure	³⁹ Csg. Pressure
⁴⁰ Choke Size	⁴¹ Oil	⁴² Water	⁴³ Gas	⁴⁴ AOF	⁴⁵ Test Method

46 I hereby certify that the rules 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.

Approved by:

OIL CONSERVATION DIVISION

ORIGINAL SIGNED BY TIM W. GUM
~~DISTRICT II SUPERVISOR~~

Title:

Approval Date:

APR 30 1996

Printed name: _____

RALPH SKINNER JR.

Title:

ENGINEER TECHNICIAN

Date: _____

04-10-1996

Phone:

505-393-7106

⁴⁷ If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name _____

Title

Date _____