

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

DISTRICT II
P.O. Drawer 9D, 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.		Well API No.
Operator Marathon Oil Company		30-015-25929
Address P. O. Box 552, Midland, TX 79702		
Reason(s) for Filing (Check proper box)		X Other (Please explain)
New Well	Change in Transporter of:	Name change from Johnson "B" Federal A/C 1
Recompletion	Oil ☐ Dry Gas ☐	No. 7 to the Tamano (BSSC) Unit No. 407
Change in Operator	Casinghead Gas ☐ Condensate ☐	(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 Tamano (BSSC) Unit	Well No. 407	Pool Name, including Formation Tamano (Bone Spring)	Kind of Lease State, Federal or Fee	Lease No. NMNM-85311
Location Unit Letter F : 2310 Feet From The North Line and 2160 Feet From The West Line Section 11 Township 18-S Range 31-E NMPL Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Pride Pipeline, Inc.	☒ or Condensate ☐	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 Conoco, Inc.	☒ or Dry Gas ☐	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 outlet.	Unit K	Sec. 11	Twp. 18-S	Rge. 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 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 ID-3
			2-21-92
			the 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 too 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, etc.)	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 correct to the best of my knowledge and belief.



Signature
Rick Gaddis, Production Engineer

Printed Name Title

2/7/92 915/682-1626

Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 17 1992

By ORIGINAL SIGNED BY

MIKE WILLIAMS

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.

4) Form C-104 must be filed for each pool in partially completed wells.