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Appropriate District Office  
DISTRICT I  
P.O. Box 1940, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

RECEIVED

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

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

FEB 11 1992

O. C. D.  
ARTESIA OFFICE

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

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.** 30-015-26082

**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 A. J. "11" Federal No. 1  
 Recompletion  **Oil**  **Dry Gas**  to the Tamano (BSSC) Unit No. 201. (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** HEYCO - P. O. Box 1933, Roswell, NM 88201

**II. DESCRIPTION OF WELL AND LEASE**

**Lease Name** Tamano (BSSC) Unit **Well No.** 201 **Pool Name, including Formation** Tamano (Bone Spring) **Kind of Lease** State, Federal or Fee **Lease No.** NMNM-85311

**Location**  
Unit Letter P 560 **Feet From The** South **Line and** 990 **Feet From The** East **Line**

**Section** 11 **Township** 18-S **Range** 31-E **NMPM** Eddy **County**

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS** \*\* Well is an injector.

**Name of Authorized Transporter of Oil**  **or Condensate**  **Address (Give address to which approved copy of this form is to be sent)**

**Name of Authorized Transporter of Casinghead Gas**  **or Dry Gas**  **Address (Give address to which approved copy of this form is to be sent)**

**If well produces oil or liquids, give location of tanks.**

Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?

**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
<input checked="" type="checkbox"/>								

**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** \_\_\_\_\_

**Performances** \_\_\_\_\_ **Depth Casing Shoes** \_\_\_\_\_

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u>Post TD-3</u>
			<u>2-21-92</u>
			<u>chg op well name</u>

**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 (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 correct to the best of my knowledge and belief.

Rick D. Gaddis  
Signature  
Rick D. Gaddis, Production Engineer  
Printed Name  
2/7/92 915/682-1626  
Date 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

- 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.