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APR 16 '90

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENTO. C. D.
ARTESIA OFFICEOIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-01-78
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PERMISSION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Marbob Energy Corporation

Address P.O. Drawer 217, Artesia, NM 88210

Reason(s) for filing (Check proper box):

☐ New Well ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas

☐ Recompletion ☐ Casinghead Gas ☐ Condensate

☒ Change in Ownership

Other (Please explain): Change of Operator effective April 1, 1990 at 7:00 am

If change of ownership give name and address of previous owner: ARCO Oil and Gas Co. P. O. Box 1610 Midland, TX 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Fren Oil Company</u>	Well No. <u>19</u>	Pool Name, including Formation <u>Cedar Lake Abo</u>	Kind of Lease <u>State, Federal or Fee Federal</u>	Lease No. <u>LC031844</u>
Location				
Unit Letter <u>I</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u>				
Line of Section <u>19</u> Township <u>17 South</u> Range <u>31 East</u> <u>NMPM</u> <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>ROCH</u>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>COH</u>	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.	Req.
Is gas actually connected?	When	
	<u>Post IP-3</u>	
	<u>4-20-90</u>	
	<u>shg ap</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Robert Chavez (Signature)
Production (Title)
3/29/90 (Date)

OIL CONSERVATION DIVISION

APPROVED APR 17 1990, 19 _____

BY MIKE WILLIAMS

TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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