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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501O. C. D.  
ARTESIA, OFFICEForm C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

SI

Operator <u>Marbob Energy Corporation</u>	
Address <u>P.O. Drawer 217, Artesia, NM 88210</u>	
Reason(s) for filing (Check proper box)	
<input type="checkbox"/> New Well	Change in Transporter of:
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas
	<input type="checkbox"/> Dry Gas
	<input type="checkbox"/> Condensate
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>Turner "B"</u>	Well No. <u>65</u>	Pool Name, including Formation <u>Cedar Lake Abo</u>	Kind of Lease <u>State, Federal or Fee Federal</u>	Lease No. <u>LC029395</u>
Location Unit Letter <u>N</u> ; <u>330</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>20</u> Township <u>17 South</u> Range <u>31 East</u> <u>NMPM, 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"/>	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"/>	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	<u>Post ID-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.

x Raye Miller  
(Signature)  
Secretary Treasurer  
(Title)  
3/29/90  
(Date)

## OIL CONSERVATION DIVISION

APR 17 1990

APPROVED \_\_\_\_\_, 19\_\_\_\_\_  
BY ORIGINAL SIGNED 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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