Submit 5 Codes
Submit 5 Codes
Appropriate Identit Office
DISTRICT!
P.O. Bex 1980, Hobbs, MM 88240

DISTRICT II P.O. Drawer DD, Anesia, NM 83210

State of New Mexico Energy, Minerals and Natural Resources Department

PROBIVED

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

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 FEB 23 '90

DISTRICT III

I.	HEQUES		R ALLOWAE SPORT OIL				ILISIA, OFFIC	Œ.		
Operator	10 111/11(0) 01(1 0)					Well	API No.			
Marbol Energy Corp	oration/									
Address P. O. Drawer 217,	Artesia. NM	882	10						1	
Reason(s) for Filing (Check proper box				Oth	er (Please exp	iain)				
New Well			insporter of:	m.c.c		1 00				
Recompletion	Oil .	X D		Eff	ective 3	5-1-90				
Change in Operator L.	Casinghead Gas		mdensate							
If change of everator give mano and address of previous operator										
H. DESCRIPTION OF WEL	L AND LEASE							 :	.case No.	
Lease Name Well No. Pool Name, Include							of Lease No. Federal or NXXX LC016483			
Square Lake "12" Ur	nit 11	0	Square La	ke Grayt	ours sa				10405	
Unit LetterM	: 990	Fc	el From The W	est Lio	e and99() · Fo	et From The	South	Line	
Section 12 Town	uship 17S	R.	inge 29E	, N	мрм,	 		Eddy	County	
III. DESIGNATION OF TR	ANSPORTER O	F OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oi		ondensale	; []	Address (GI)	e address to w				(cn1)	
Navajo Refining Co		P.O. Box 159, Artesia, nM 88210 Address (Give address to which approved copy of this form is to be sent)								
Name of Authorized Transporter of Ca	isinghead Gas	thead Gas or Dry Gas			e address 10 w	nich approved	copy of this joint is to be sets)			
If well produces oil or liquids,	Unit S∞.	TV	vp. Rge.	Is gas actually connected?		When	hen?			
give location of tanks.	F 12		17E 29E							
If this production is commingled with the	hat from any other lea	se or poo	I, give comming!	ing order num	ber:					
IV. COMPLETION DATA		337 11	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completic		Well	Gas well	I MEM. MEIL	WORLOVE!	Deepen	1 1.05 1.20	1		
Date Speeded	Date Compl. Re	ndy to Pro	xi.	Total Depth		- 	P.B.T.D.		1	
				m 0110						
Elevations (DF, RKB, ET, GR, etc.)	evations (DF, RKB, ET, GR, 422) Name of Producing Formation			Top OiVGas Pay			Tubing Depth			
Perforations				L			Depth Casin	g Shoe		
7.0110.120										
	TUBING, CASING AND							2401/0.051		
HOLE SIZE	CASING	CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT			
							-			
V. TEST DATA AND REQU	EST FOR ALL	OWAB	LE			tanaida fan thi	e dansk or he s	for full 24 has	arr l	
	er recovery of total vo	lume of l	oad oil and must	Producing M	ethod (Flow, p	ump, gas lift, e	ic.)	0, 12, 10,	1	
Date First New Oil Run To Tank	Date of Test	Date of Test				,		Post	ed ID-	
Length of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			3	-9-90	
Langue of Total								01.	1 T TN/	
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Eng		
GAS WELL							10	· 		
Actual Prod. Test - MCF/D	Length of Test	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate		
	T.V Decore			Casing Pressure (Shut-in)			Choke Size			
Testing Method (pites, back pr.)	Tuoing Pressure	Tubing Pressure (Shut-in)								
VI. OPERATOR CERTIF	ICATE OF CO	MPLI	ANCE		DIL COI	JOEDIV	ΔΤΙΩΝΙ	DIVISIO)N	
I hereby cost by that the rules and re	guiations of the Oil C	onservati	on			40LI (4)	411011	Divion	<i>5</i> ()	
Division have been complied with a is true and complete to the best of r	ind that the information is knowledge/and bel	n given a lef.	DOV6	Data	Approve	A MA	R 9 19	90		
(K)	10 4 //-			Date	: Whhlave		<u>, , , , , , , , , , , , , , , , , , , </u>			
Monda	Melso		<i></i>	∥ _{By_}	OBIGU	NAL SIGN	ED BY			
Signature	Drodust:	on a	lork		MIKE	EM ANI IIW	i			
Rhonda Nolson Printed Name	Producti		lerk	Title	SUPE	RVASOR, D	ISTRICT I	1		
2-15-90			3303	'''''						
Ic		Telepho	xie No.	A AVANCES	S, and P 30 State State of	er de l'anné de la faire de l'année de l'ann	5.44.48 to 2.744.28	mission of the second		
West and the second	THE PERSON SELECTION AND ASSESSED.	ana ar Par	A STATE AND A STATE OF THE STAT	D 1 110/						

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