

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

RECEIVED

FEB 4 1982

O. C. D.

ARTESIA OFFICE

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

COPIES DESTROYED	
DISTRIBUTION	
DATE	
U.S.	
OFFICE	
REPORTER	
NATION	
NATION OFFICE	
DATE	

Marbob Energy Corporation

P. O. Drawer 217, Artesia, NM 88210

Reason(s) for filing (Check proper box)

Well	<input type="checkbox"/>	Change in Transporter of:	
Completion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

Effective 1/1/82

Range of ownership give name Harlan Oil Company, P. O. Box 688, Artesia, NM 88210

Address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Southern Union	1	N. Hackberry Yates-SR	State, Federal or Free Federal	NM 06814

Unit Letter L ; 2310 Feet From The S Line and 330 Feet From The W

Line of Section 30 Township 19S Range 31E, NMPM, Eddy County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Company	P. O. Box 175, Artesia, NM 88210
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)

Well produces oil or liquids, location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	30	19	31	NO	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res't	Diff. Feet
Spudded								
Date Compl. Ready to Prod.								
Productions (DF, RRB, RT, CR, etc.)								
Name of Producing Formation								
Top Oil/Gas Pay								
Tubing Depth								
Depth Casing Shoe								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE 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)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Depth of Test	Tubing Pressure	Casing Pressure
Oil Prod. During Test	Oil - Bbls.	Water - Bbls.
		Choke Size
		Gas - MCF

Posted ID-3
Chg. Operator
2-19-82

Well	Length of Test	Bbls. Condensate/MNCF	Gravity of Condensate
Test Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Production Clerk

(Title)

February 2, 1982

(Date)

OIL CONSERVATION DIVISION

FEB 15 1982

APPROVED

BY

TITLE

SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1.04.

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 multiple.