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 Appropriate District Office
 DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
 Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

RECEIVED

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

P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

JUN - 4 1992

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

O. C. D.

I.

| | |
|--|------------------------------|
| Operator <i>Marbob Energy Corporation</i> | Well API No. 30-015-23942 |
| Address <i>P. O. Drawer 217, Artesia, NM 88210</i> | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Other (Please explain) | |
| Change in Transporter of: <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate | |
| Effective 6/1/92 | |
| If change of operator give name and address of previous operator <i>Exxon Corp, P. O. Box 1600, Midland, TX 79702</i> | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|--|--|----------------------|
| Lease Name <i>New Mexico DC State</i> | Well No. 1 | Pool Name, including Formation <i>Wildcat Atoka</i> | Kind of Lease State, Federal or Foreign | Lease No. LG-1657 |
| Location Unit Letter <i>H</i> : <i>1980</i> Feet From The <i>North</i> Line and <i>660</i> Feet From The <i>East</i> Line Section <i>18</i> Township <i>19S</i> Range <i>29E</i> , NMPM, <i>Eddy</i> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|---|
| Name of Authorized Transporter of Oil or Condensate <i>Navajo Refining Company</i> | Address (Give address to which approved copy of this form is to be sent) <i>P. O. Box 159, Artesia, NM 88210</i> |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas <i>Phillips 66 Natural Gas Co.</i> | Address (Give address to which approved copy of this form is to be sent) <i>4001 Penbrook, Odessa, TX 79762</i> |
| If well produces oil or liquids, give location of tanks. Unit <i>H</i> Sec. <i>18</i> Twp. <i>19S</i> Rge. <i>29E</i> | Is gas actually connected? <i>Yes</i> When? |

IV. COMPLETION DATA

| | | | | | | | | |
|------------------------------------|-----------------------------|----------|-------------------|----------|--------|--------------|------------|------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| 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 | | |
| Perforations | | | Depth Casing Shoe | | | | | |

TUBING, CASING AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| | | | |
| | | | |
| | | | |

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 (pilot, 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 complete to the best of my knowledge and belief.

Rhonda Nelson
 Signature
 Rhonda Nelson
 Printed Name
 5/29/92
 Date
 Production Clerk
 Title
 748-3303
 Telephone No.

OIL CONSERVATION DIVISION

Date Approved *JUN 9 1992*

By *ORIGINAL SIGNED BY*
 MIKE WILLIAMS
 Title SUPERVISOR, DISTRICT II

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