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

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

RECEIVED

AUG 18 1992

O. C. D.  
ARTESIA OFFICE

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

cliff  
WT  
Op

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <i>Marbob Energy Corporation</i>		Well API No. 30-005-62888
Address <i>P. O. Drawer 217, Artesia, NM 88210</i>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>State CF</i>	Well No. 7	Pool Name, Including Formation <i>Chisum Devonian</i>	Kind of Lease State, <del>Federal</del> <i>surface</i>	Lease No. B-8385
Location Unit Letter <i>J</i> : <i>2263</i> Feet From The <i>South</i> Line and <i>1430</i> Feet From The <i>East</i> Line Section <i>13</i> Township <i>11S</i> Range <i>27E</i> , NMPM, <i>Chaves</i> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <i>Amoco Production Company</i>	Address (Give address to which approved copy of this form is to be sent) <i>502 N. West Ave., Levelland, TX 79336</i>					
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?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded <i>3/9/92</i>	Date Compl. Ready to Prod. <i>7/16/92</i>		Total Depth <i>6455'</i>		P.B.T.D. <i>6455'</i>			
Elevations (DF, RKB, RT, GR, etc.) <i>3752.5</i>	Name of Producing Formation <i>Devonian</i>		Top Oil/Gas Pay <i>6427'</i>		Tubing Depth <i>6394'</i>			
Perforations <i>6427 - 6455'</i>				Depth Casing Shoe <i>6427'</i>				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<i>14 3/4"</i>	<i>10 3/4"</i>	<i>498'</i>	<i>450 sx Part ID-2</i>
<i>7 7/8"</i>	<i>5 1/2"</i>	<i>6427'</i>	<i>2570 sx 8-18-92</i>
	<i>2 7/8"</i>	<i>6394'</i>	<i>camp + BK</i>

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 <i>7/16/92</i>	Date of Test <i>7/17/92</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Pump</i>	
Length of Test <i>24 hrs</i>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <i>30</i>	Water - Bbls. <i>450</i>	Gas- MCF <i>TSTM</i>

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* Production Clerk  
Printed Name Title  
*8/14/92* *748-3303*  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved *AUG 21 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.