

OIL CONSERVATION DIVISION  
 P. O. BOX 2088  
 SANTA FE, NEW MEXICO 87501

Form 6-101  
 RECEIVED BY 10-1-76  
 MAR 15 1984  
 O. C. D.  
 ARTESIA, OFFICE

|                   |                                     |
|-------------------|-------------------------------------|
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| SANTA FE          | <input checked="" type="checkbox"/> |
| FILE              | <input checked="" type="checkbox"/> |
| U.S.G.S.          |                                     |
| LAND OFFICE       |                                     |
| TRANSPORTER       | <input checked="" type="checkbox"/> |
| OPERATOR          | <input checked="" type="checkbox"/> |
| PRODUCTION OFFICE |                                     |

REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Marbob Energy Corporation

Address P.O. Drawer 217, Artesia, N.M. 88210

Reason(s) for filing (Check proper box) Other (Please explain)  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate  Effective 3/1/84

If change of ownership give name and address of previous owner C.E. Larue & B.N. Muncy, Jr., P.O. Box 196, Artesia, N.M. 88210

DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                                                                                     |                   |                                                          |                                                     |                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------|-----------------------------------------------------|-------------------------|
| Lease Name                                                                                                                                                                                                          | Well No. <u>1</u> | Pool Name, including Formation <u>Artesia Qn Grbg SA</u> | Kind of Lease<br>State, Federal or Fee <u>State</u> | Lease No. <u>E-7116</u> |
| Location<br>Unit Letter <u>A</u> ; <u>505</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u><br>Line of Section <u>34</u> Township <u>17S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County |                   |                                                          |                                                     |                         |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                                                          |                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br><u>Navajo Refining Co., Pipeline</u> | Address (Give address to which approved copy of this form is to be sent)<br><u>P.O. Box 159, Artesia, N.M. 88210</u> |
| 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 <u>A</u> Sec. <u>34</u> Twp. <u>17S</u> Rge. <u>28E</u> Is gas actually connected? <u>No</u> When               |

If this 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'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 |
|-----------|----------------------|-----------|--------------|
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

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 Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) <u>Post AD-3</u> |                           |
| Length of Test                  | Tubing Pressure | Casing Pressure                                                | Choke Size <u>3-23-84</u> |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                                    | Gas-MCF <u>ckg OK</u>     |

GAS WELL

|                                 |                           |                           |                       |
|---------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D         | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (shot, 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 above is true and complete to the best of my knowledge and belief.

Carly Orris  
 (Signature)  
 Production Clerk  
 (Title)  
 3/14/84  
 (Date)

OIL CONSERVATION DIVISION  
 APPROVED MAR 14 1984, 19  
 BY Leslie A. Clements  
 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 deviated 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-101 must be filled for each pool in multiple completed wells.