Submit 5 Copies
Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

SFP 1 4 199 See Instructions (

OIL CONSERVATION DIVISION

DISTRICT II P.O. Drawer DD, Aitesia, NM 88210		Santa			x 2088 xico 8750	4-2088	- '	See C. D.	No.ip		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST	FOR.	ALLO	WAB	LE AND A	AUTHORI					
I. Operator	ТОТ	RANS	PORT	OIL	AND NA	TURAL GA	AS Well 7	U'l No.			
Marbob Energy Corporation						30-015-05299					
Address P. O. Drawer 217, Ar	tesia, NM	8821	0								
Reason(s) for Filing (Check proper box)	<u> </u>	. !- 'r		. 6.	Othe	er (Please expl	ain)				
New Well Recompletion Change in Operator		X Dry	isporter o Gas idensate	" 	Ef	ffective	10/1/93		•		
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL AND LEASE											
Lease Name	Well No. Pool Name, Includin 65 Cedar Lake				XMX.			of Lease Federal of/DEN	CLease Lease No. Sederal ONEENX L.C-029395B		
Turner B Location		Cedar	Lake	Abo	ADO			1.0-0293938			
Unit Letter N	: 330 Feet From The S				•	and19		t From The <u>West</u> Line			
Section 20 Township	17S	Ran	nge	311	<u> </u>	мрм,	I	Eddy		County	
III. DESIGNATION OF TRANS			AND N	ATUI	RAL GAS		 	7.11.7			
Name of Authorized Transporter of Oil	or Co	ndensale]				copy of this fo			
Amoco Pipeline, ICT Name of Authorized Transporter of Casinghead Gas X or Dry Gas					502 N. West Ave., Levelland, TX 7933 Address (Give address to which approved copy of this form is to be so					น)	
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Conoco, Inc.					P.O. Box 480, Hobbs, NM 88240						
If well produces oil or liquids,	Unit S∞.	Tw	р.	Rge.	is gas actuali	y connected?	When	?			
give location of tanks.		or root		mminoli	ng order num	her:		<u></u>			
If this production is commingled with that f IV. COMPLETION DATA	rom any outer least	e or poor,	, give con	unini Si	ng older nam						
	Oil	Well	Gas V	Yell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	Date Compl. Read	ју ю Рго	ki.		Total Depth	<u></u>	<u> </u>	P.B.T.D.		<u></u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Dept	Tubing Depth		
Perforations								Depth Casin	Depth Casing Shoe		
			,	1210	CEMENT	NC PECOE	2D				
11015 0175	TUBING, CASING AND CASING & TUBING SIZE				CEMENTI	DEPTH SET		SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE										
								_			
									. <u></u>	 -	
V. TEST DATA AND REQUES	 ST FOR ALLC	WABI	LE		<u> </u>	,		<u></u>			
OIL WELL (Test must be after re	ecovery of total vol	ume of lo	oad oil ar	nd must	be equal to or	exceed top all	owable for th	is depth or be f	or full 24 how	rs.)	
Date First New Oil Run To Tank	Date of Test				Producing M	ethod (Flow, p	ump, gas lýl,	elc.)			
· · · · · · · · · · · · · · · · · · ·	Multipa Deserve				Casing Press	ure		Choke Size	Choke Size		
Length of Test	gth of Test Tubing Pressure				· · · · · · · · · · · · · · · · · · ·						
Actual Prod. During Test	Oil - Bbis.				Water - Bbls.			Gas- MCF	Gas- MCI		
CACAUCI	<u> </u>								•		
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of C	ondensale		
					Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Snut-m)			Casing 11000						
VI. OPERATOR CERTIFICATE OF COMPLIANCE							JSFPV	ΙΜΟΊΤΑ	OIVISIC	N	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and is true and complete to the best of my k	that the information	i Biven se	¥6		Date	Approve	d SEP	2 3 199	3		
Q 1 '4	• .							•			
Orni Smeth					By ORIGINAL SIGNED BY						
Signature Robin Smith Production Clerk					II ANGELIAMS						
Printed Name Title 9/13/93 748-3303						Title SUPERVISOR, DISTRICT II					
7/13/33		Talashar			H						

- 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
- with Rule 111. 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.