

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

RECEIVED

OCT 31 '88

O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |  |
|------------------------|--|
| NO. OF COPIES RECEIVED |  |
| FILE                   |  |
| SANTA FE               |  |
| U.S.O.                 |  |
| LAND OFFICE            |  |
| TRANSPORTER            |  |
| OPERATION              |  |
| PRODUCTION OFFICE      |  |
| CITY/STATE             |  |

Marbob Energy Corporation

Address  
P.O. Drawer 217, Artesia, New Mexico 88210

|                                                         |                                                                                         |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Reason(s) for filing (Check proper box)                 | Other (Please explain)                                                                  |
| New Well <input type="checkbox"/>                       | Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Recompletion <input type="checkbox"/>                   | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>             |
| Change in Ownership <input checked="" type="checkbox"/> | Effective 9/30/88                                                                       |

If change of ownership give name and address of previous owner: Herman J. Ledbetter, 1002 Sayles Boulevard, Abilene, TX 79605

DESCRIPTION OF WELL AND LEASE

|                    |              |                                   |                            |             |
|--------------------|--------------|-----------------------------------|----------------------------|-------------|
| Lease Name         | Well No.     | Pool Name, Including Formation    | Kind of Lease              | Lease No.   |
| Sinclair Parke     | 1            | Jackson Abo                       | State, Federal or Fee Fed. | NM-0467930  |
| Location           |              |                                   |                            |             |
| Unit Letter F      | : 2310       | Feet From The North Line and 2308 | Feet From The West         |             |
| Line of Section 22 | Township 17S | Range 30E                         | NMPM                       | Eddy County |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                               |                                                                          |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| SI                                                                                                            |                                                                          |
| 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) |
| SI                                                                                                            |                                                                          |
| 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:

COMPLETION DATA

|                                    |                             |                 |              |          |        |           |             |              |
|------------------------------------|-----------------------------|-----------------|--------------|----------|--------|-----------|-------------|--------------|
| Designate Type of Completion (X)   | Oil Well                    | Gas Well        | New Well     | Workover | Deepen | Plug Back | Same Hst'y. | Diff. Hst'y. |
| Date Spudded                       | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.     |          |        |           |             |              |
| Elevations (DF, RKB, RT, CR, 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 |
|-----------|----------------------|-----------|--------------|
|           |                      |           | Part IP-2    |
|           |                      |           | 11-4-88      |
|           |                      |           | chg ap       |

TEST DATA AND REQUEST FOR ALLOWABLE (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.) |            |
| 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/MCF      | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

CERTIFICATE OF COMPLIANCE

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)

Production Clerk

(Title)

10/28/88

(Date)

OIL CONSERVATION DIVISION

NOV 04 1988

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY Original Signed By  
Mike Williams

TITLE \_\_\_\_\_

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