

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

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

JUL 27 1992

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Marbob Energy Corporation		Well API No. 30-015-20382
Address P. O. Drawer 217, Artesia, NM 88210		
Reason(s) for Filing (Check proper box)		<input checked="" type="checkbox"/> Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	Change lease name from:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Devon State Unit #11
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Effective 7/1/92
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

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Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State Fixed Term Lease
Etz State Unit	112	Grbg Jackson SR Q Grbg SA	B-1483
Location			
Unit Letter <u>J</u> : <u>1650</u> Feet From The <u>south</u> Line and <u>1650</u> Feet From The <u>east</u> Line			
Section <u>16</u> Township <u>17S</u> Range <u>30E</u> , NMPM, <u>Eddy</u> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline Company			Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88241		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.			Address (Give address to which approved copy of this form is to be sent) P.O. Box 2197, Houston, TX 77252		
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 16	Twp. 17S	Rge. 30E	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

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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

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HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post ID-3
			7-31-92
			chg well name

V. TEST DATA AND REQUEST FOR ALLOWABLE

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.)

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed 10% allowable for this depth or be for just 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

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test		
Testing Method (<i>pilot, back pr.</i>)	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.

is true and complete to the best of my knowledge.

Rhonda Nelson

Signature	<i>Rhonda Nelson</i>	Production Clerk
Printed Name		Title
7/24/92		748-3303
Date		Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 28 1992

By _____ ORIGINAL SIGNED BY
MIKE WILLIAMS
Title _____ SUPERVISOR, DISTRICT 11

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 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.