Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Antesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page JUL - 2 199**2**

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

O. C. D.

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		TO/TRA	ANSP	ORT O	LAND NA	TURAL G	AS	II API No.	·		
Operator Marbob Energy Corporation							1		-015-20541		
Address P. O. Drawer 217, Artesia, NM 88210											
Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Recompletion Classes in Operator Classes in Operator Classes in Operator Casinghead Gas Condensate Condensate											
If change of operator give name Devon Energy Corp. (Nevada), 1500 Mid America Tower, 20 N. Broadway,											
and address of previous operator											
II. DESCRIPTION OF WELL AND LEASE Lease Name Etz State Unit (TR 1) Well No. Pool Name, Includi Grbg Jacks						Grbg SA	3 '	nd of Lease re, Federal or Rec			
Location Unit Letter 660 Feet From The 660. Feet From The Line and 660. Feet From The Line											
Section 17 Township 17S Range 30E , NMPM, eddy County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) WIW										nt)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form									rm is 10 be se	nt)	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is				Is gas actual	Is gas actually connected? When			?		
If this production is commingled with that it. V. COMPLETION DATA	rom any othe	er lease or	pool, gi	ve comming	ling order num	iber:					
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - Date Spudded	Date Compl. Ready to Prod.				Total Depth	<u></u>	_l	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth	Tubing Depth		
							_	Depth Casing	Depth Casing Shoe		
Perforations											
TUBING, CASING AND								S	SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE				 	DEPTH SET			Sterio Servizio		
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		<u> </u>						
OIL WELL (Test must be after re	covery of tou	al volume	of load	oil and must	be equal to or	exceed top all	owable for t	his depth or be fo	r full 24 hour	3.)	
Date First New Oil Run To Tank	Date of Test				Producing M	ethod (Flow, p	ump, gas lift	, elc.)	sostes	120-3	
Length of Test	Tubing Pressure				Casing Press	ure		Choke Size	Choke Size 7-10-92		
Actual Prod. During Test	Oil - Bbis.				Water - Bbls.			Gas-MCF	ledig	OP	
GACAUEL I											
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbls, Condensate/MMCF			Gravity of Co	Gravity of Condensate		
osting Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	ure (Shut-in)		Choke Size	Choke Size		
VI. OPERATOR CERTIFICATE OF COMPLIANCE					OIL CONSERVATION DIVISION						
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 helief.					Date Approved						
Albordo nilla											
Signature					By_	By ORIGINAL SIGNED BY MIKE WILLIAMS					
Rhonda Nelson Production Clerk					Title SUPERVISOR, DISTRICT IF						
Printed Name 7 2 9 7 748-3303 Telephone No.											
Date	N. P. C	Telep	none N	ю .	<u></u>						

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.