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| LAND OFFICE            |   |
| TRANSPORTER            |   |
| OIL                    |   |
| GAS                    |   |
| OPERATOR               | 1 |
| PRODUCTION OFFICE      |   |

NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104  
 Superseding Old O-104 and  
 Effective 1-1-65

RECEIVED

DEC 1 1980

O. C. D.

ARTESIA, OFFICE

51

Operator **MARBOB ENERGY CORPORATION**

Address **P.O. Box 304, Artesia, N.M. 88210**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change In Transporter of: Oil  Dry Gas

Recompletion  Oil  Condensate

Change In Ownership  Coalbed Gas  Condensate

If change of ownership give name and address of previous owner **Paul Slayton, P.O. Box 1936, Roswell, N.M. 88201**

DESCRIPTION OF WELL AND LEASE

|   |                        |   |  |                              |
|---|------------------------|---|--|------------------------------|
| Lease Name<br><b>Tract 8<br/>West Artesia Grayburg Unit</b> | Well No.<br><b>13</b>  | Pool Name, including Formation<br><b>Artesia Grayburg</b> | Kind of Lease<br>State, Federal or Fee | State<br><b>OG-7</b>         |
| Location  |                        |   |  |                              |
| Unit Letter<br><b>I</b>                                     | <b>2310</b>            | Feet From The<br><b>South</b>                             | Line and<br><b>330</b>                 | Feet From The<br><b>East</b> |
| Line of Section<br><b>7</b>                                 | Township<br><b>18S</b> | Range<br><b>28E</b>                                       | , N.M.P.M.,<br><b>Eddy</b>             |                              |

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) |      |
| <b>INJECTION WELL</b> <input checked="" type="checkbox"/>   |  |      |
| Name of Authorized Transporter of 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   | 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

|                  |                             |                   |              |          |        |           |           |
|------------------|-----------------------------|-------------------|--------------|----------|--------|-----------|-----------|
| Completion - (X) | Oil Well                    | Gas Well          | New Well     | Workover | Deepen | Plug Back | Same Test |
|                  | Ready to Prod.              | Total Depth       | P.B.T.D.     |          |        |           |           |
| (T, CR, etc.)    | Name of Producing Formation | Top Oil/Gas Pay   | Tubing Depth |          |        |           |           |
|                  |                             | Depth Casing Shoe |              |          |        |           |           |

TUBING, CASING, AND CEMENTING RECORD

| HOLESIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|----------|----------------------|-----------|--------------|
|          |                      |           |              |
|          |                      |           |              |
|          |                      |           |              |

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed 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            | Ebls. Condensate/MCF      | Gravity of Condensate |
| Testing Method (pact, back pr.) | Tubing Pressure (4805-in) | Casing Pressure (4805-in) | Choke Size            |

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*Carolee Jones*  
 Production Clerk

12/1/80  
 (Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 3 1980, 19  
 BY *W. A. Gressett*

TITLE SUBMITTER, 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 deep well, this form must be accompanied by a tabulation of the next tests taken on the well in accordance with RULE 111.  
 All portions of this form must be filled out completely for all old or new and re-completed wells.  
 Fill out only Sections I, II, III, and VI for change of well name or number, or transporter, or other such change of record.