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

State of New Mexico Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

1000 Rd Blazza Rd., 11200, 1111 01110	REQ						AUTHORI					
. TO TRANSPORT OIL							Well API No.					
Operator Marbob Energy Corporation								30-025-00576				
Address P. O. Drawer 217, An	rtesia	NM 8	821	0								
Reason(s) for Filing (Check proper box)	. cesia,					X Ou	er (Please expl	ain)				
New Well		Change in	n Trans	sporter of	:		hange in	lease m	name fro	m Gulf '	'E" State	
Recompletion	Oil		Dry			t	o Edward	State e	effectiv	e 3/1/91	L •	
Change in Operator	Casinghe	ad Gas 🗌	Cond	densate								
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WELL AND LEASE										CI L. N		
Lease Name Edward State									of Lease Preservatory	f Lease Lease No. Hoderal of No. E-611		
Location		. 					_					
Unit LetterK	_ :22	40	_ Feet	From Th	e We	estLin	e and172	<u>0</u> Fe	et From The.	_South	Line	
Section 16 Townshi	p 17	<u>S</u>	Rang	ge :	32E	, N	мрм,	Lea	1		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORT	ER OF O		ND NA	TU	RAL GAS	e address to w	hich approved	copy of this f	orm is to be se	ent)	
SI												
Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					nu)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	. 	Rge.	Is gas actuali	tually connected? When ?					
If this production is commingled with that	from any o	her lease or	pool,	give com	mingl	ing order num	ber:					
IV. COMPLETION DATA	·-··					,				·		
Designate Type of Completion	- (X)	Oil Wel	1]	Gas We	ell	i	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						<u></u>	· · · · · · · · · · · · · · · · · · ·	 	Depth Casing Shoe			
		TUDBIC	CAS	CINIC A	NID	CEMENT	NC PECOP	ים	<u> </u>			
1101 E 817 E	TUBING, CASING AN HOLE SIZE CASING & TUBING SIZE					DEPTH SET			T ;	SACKS CEMENT		
HOLE SIZE	 	SING & 1	OBING	<u> </u>		DEFIN SET						
V. TEST DATA AND REQUES	T FOR	ALLOW	ARI	r								
OIL WELL (Test must be after r	ecovery of	otal volume	of loa	d oil and	must	be equal to or	exceed top all	owable for thi	depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Pressure				Casing Press	ıre		Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
GAS WELL	<u> </u>			·····		1						
Actual Prod. Test - MCF/D	Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC						(ISFRV	ATION	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						OIL CONSERVATION DIVISION						
is true and complete to the best of my h	cnowledge	and belief.	CII WOO	,,,		Date	Approve	d			<u> </u>	
Robin Smith						By						
Signature						Dy						
Robin Smith Printed Name	PLOUI	UL L 1 011	Title		_	Title				1.2		
2-6-91			8-3.	303	_	ll ille						
Date		Tel	ephone	No.								

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.