

DISTRICT I  
141 Box 1980, Hobbs, NM 88241-1980  
District II  
811 South First, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

STATE OF NEW MEXICO  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

Revised October 18, 1994  
Instructions on back  
Submit to Appropriate District Office  
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Marbob Energy Corporation P.O. Box 227 Artesia, New Mexico 88211-0227		OGRID Number 014049
		Reason for Filing Code CH Effective 11-1-96
API Number 30-005 60658	Pool Name Twin Lakes San Andres (Associated)	Pool Code 61570
Property Code <del>004028</del> 19965	Property Name Twin Lakes San Andres Unit	Well Number 021

II. Surface Location

UL or lot no. C	Section 31	Township 08S	Range 29E	Lot Ida	Feet from the 990	North/South Line North	Feet from the 1650	East/West line West	County Chaves
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Bottom Hole Location

UL or lot no. C	Section 31	Township 08S	Range 29E	Lot Ida	Feet from the 990	North/South line North	Feet from the 1650	East/West line West	County Chaves
Lac Code P	Producing Method Code WIW	Gas Connection Date N.A.	C-129 Permit Number N.A.	C-129 Effective Date N.A.	C-129 Expiration Date N.A.				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description

RECEIVED

OCT 31 1996

OIL CON. DIV.

IV. Produced Water

DIST. 2

POD	POD ULSTR Location and Description
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations	DIHC, DC, MC
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement		

posted FD-3  
11-22-96  
Edy OT

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Thg. Pressure	Cag. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules 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.

Signature: *Raye Miller*

Printed name: Raye P. Miller

Title: Secretary / Treasurer

Date: 10-30-96

Phone: (505) 748-3303

OIL CONSERVATION DIVISION

Approved by: SUPERVISOR, DISTRICT II

Title:

Approval Date: NOV - 5 1996

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Gene H. Linton

Supervisor-Prod. Acct.

10-5-96

Energy Development Corporation

OGRID #007272

Printed Name

Title

Date

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

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

NOV 27 '89

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator ENERGY DEVELOPMENT CORPORATION		Well API No. 30-005-60658	O. C. D. ARTESIA, OFFICE
Address 1000 Louisiana, Suite 2900, Houston, Texas 77002			
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)			
New Well <input type="checkbox"/>	Change in Transporter of: Section III not applicable - Waterflood		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Injection well	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator <u>PELTO OIL COMPANY, 500 Dallas, Suite 1800, Houston, Texas 77002</u>			

II. DESCRIPTION OF WELL AND LEASE

Lease Name TLSAU	Well No. 21	Pool Name, including Formation Twin Lakes - San Andres Assoc	Kind of Lease Royalty Fee	Lease No.
Location Unit Letter <u>C</u> : <u>990</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u> Line Section <u>31</u> Township <u>8S</u> Range <u>29E</u> , <u>NMPM</u> , <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> N/A	Address (Give address to which approved copy of this form is to be sent) N/A	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A	Address (Give address to which approved copy of this form is to be sent) N/A	
If well produces oil or liquids, give location of tanks.	Unit N/A	Sec. N/A
	Twp. N/A	Rge. N/A
	Is gas actually connected? N/A	When ? N/A

If this production is commingled with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA

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								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
					Part F D-3			
					12-8-89			
					chg op.			

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.)

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

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

Michael M. Bauer  
Signature  
Michael M. Bauer Agent  
Printed Name  
11-06-89 (713) 370-7392  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC - 8 1989

By ORIGINAL SIGNED BY

Title SUPV. DISTRICT II

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.