

OIL CONSERVATION DIVISION
 P. O. BOX 2008
 SANTA FE, NEW MEXICO 87501

RECEIVED
 JUL 05 1984
 O. C. D.
 ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATION	
PRODUCTION OFFICE	

Operator
 Marbob Energy Corporation

Address
 P.O. Drawer 217, Artesia, N.M. 88210

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of: Oil Dry Gas
 Recompletion Casinghead Gas Condensate
 Change in Ownership Other (Please explain) Effective 7/1/84.

If change of ownership give name and address of previous owner
 Latch Operations, P.O. Box 10108, Lubbock, Texas 79408

DESCRIPTION OF WELL AND LEASE
 Lease Name: Berry B Well No.: 24 Pool Name, including Formation: Empire Yates SR Kind of Lease: State, Federal or Fee Fed
 Location: Unit Letter B; 330 Feet From The North Line and 1650 Feet From The East
 Line of Section 25 Township 17S Range 27E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
 Navajo Crude Oil Purchasing Co. Address (Give address to which approved copy of this form is to be sent)
 P.O. Drawer 175, Artesia, N.M. 88210
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
 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 B Sec. 25 Twp. 17S Rge. 27E Is gas actually connected? No When

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

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

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 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 Bbls. Condensate/MMCF Gravity of Condensate
 Testing Method (pistol, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

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.
 Signature: *Carolee Davis*
 Production Clerk
 7/2/84
 (Date)

OIL CONSERVATION DIVISION
 JUL 06 1984
 APPROVED _____, 19____
 BY ORIGINAL SIGNED
 BY LARRY BROOKS
 GEOLOGIST - NMOCD
 TITLE _____
 This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.