

OIL CONSERVATION DIVISION

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OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

RECEIVED BY SANTA FE, NEW MEXICO 87501

OCT 1 - 1985

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator Marbob Energy Corporation ✓ TAAddress P.O. Drawer 217, Artesia, N.M. 88210

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

Change of ownership give name and address of previous owner Layton Enterprises, Inc., 3103 79th St., Lubbock, Texas 79423

DESCRIPTION OF WELL AND LEASE	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Lease Name <u>Forest Pool Unit</u>	<u>16</u>	<u>Square Lake G SA</u>	State, Federal or Fee <u>Fed</u>	<u>037777(b)</u>

Location	Unit Letter <u>M</u>	<u>330</u> Feet From The <u>South</u> Line and <u>810</u> Feet From The <u>West</u>
Line of Section <u>34</u>	Township <u>16S</u>	Range <u>29E</u> , NMPM, <u>Eddy</u> County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Crude Oil Purchasing Co., Trucking</u>	<u>P.O. Dr. 159, Artesia, N.M. 88210</u>
Name of Authorized Transporter of Casinghead 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 <u>H</u> Sec. <u>34</u> Twp. <u>16S</u> Rge. <u>29E</u> Is gas actually connected? <u>No</u> When

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								

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u>Pack ID-3</u>
			<u>10-11-85</u>
			<u>Chg Op</u>

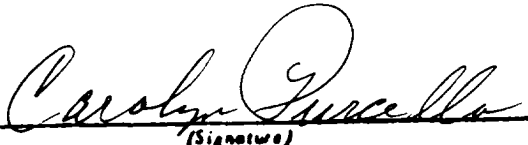
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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

AS 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	

CERTIFICATE OF COMPLIANCE

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)

Production Clerk

(Title)

9/26/85

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 8 1985, 19BY Original Signed By
Mike WilliamsTITLE Oil & Gas Inspector

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 deviation 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.