

OIL CONSERVATION DIVISION

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	
OAS	
OPERATOR	
PROMOTION OFFICE	
Operator	

RECEIVED BY O. O. BOX 2088
SANTA FE, NEW MEXICO 87501
OCT 1 - 1985
O. C. D. REQUEST FOR ALLOWABLE
AND
ARTESIA OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Marbob Energy Corporation ✓

TA

Address

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

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Change of ownership give name
and address of previous owner

Layton Enterprises, Inc., 3103 79th St., Lubbock, Texas 79423

DESCRIPTION OF WELL AND LEASE

Lease Name Forest Pool Unit	Well No. 2	Pool Name, including Formation Square Lake G SA	Kind of Lease State, Federal or Fee Fed	LC Lease 037777
--------------------------------	---------------	--	--	--------------------

Location

Unit Letter D : 651 Feet From The North Line and 517 Feet From The WestLine of Section 35 Township 16S Range 29E , NMPM, Eddy Cour

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)

WIW

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 Sec. Twp. Rge. Is gas actually connected? 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. R.
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

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 oil volume 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

Post ID-3
10-11-85
Chg AP

AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (spiral, 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.

Carolyn Purcella
(Signature)

Production Clerk

(Title)

9/26/85

(Date)

OIL CONSERVATION DIVISION

Original Signed By

APPROVED Mike Williams, 19BY Oil & Gas InspectorTITLE OCT 8 1985

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 device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.

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