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FILE
MAIL
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TRANSPORTER
OIL
OAS
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PRODUCTION OFFICE
Operator

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED BY

MAR 05 1986

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ARTESIA OFFICE

Marbob Energy Corporation

Address

P.O. Drawer 217, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

Name ☐
Recompletion ☐
Change in Ownership ☐

Designate

Designate Transporter of:

Oil ☒Dry Gas ☐Casinghead Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

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# 037777-3
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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 Co.

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, N.M. 88210
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 H	Sec. 34	Twp. 16S	Rge. 29E	Is gas actually connected? No	When
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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 Restv.	Full P.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RAB, 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
			Past ID-3
			3-14-86
			Chg from 1 1/2" to 1 3/4"

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

Date First New Oil Run To Tanks 2/20/86	Date of Test 2/21/86	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 4	Oil-Bbls. 1	Water-Bbls. 3	Gas-MCF None

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

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.

Production Clerk

(Title)

3/4/86

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 11 1986BY Original Signed By
Les A. ClementsTITLE Supervisor District II

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 devi-
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for a
able 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 condi-Separate Forms C-104 must be filed for each pool in mul-
tiple completed wells.