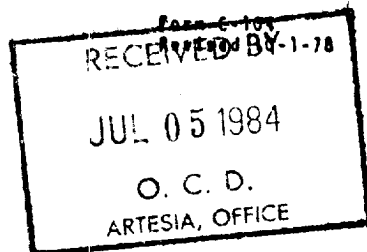


OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|-----------------------|-------------------------------------|
| NO. OF COPIES DESIRED | |
| DISTRIBUTION | |
| SANTA FE | <input checked="" type="checkbox"/> |
| FILE | <input checked="" type="checkbox"/> |
| U.S.O.B. | <input checked="" type="checkbox"/> |
| LAND OFFICE | <input checked="" type="checkbox"/> |
| TRANSPORTER | <input checked="" type="checkbox"/> |
| OPERATOR | <input checked="" type="checkbox"/> |
| PRODUCTION OFFICE | <input checked="" type="checkbox"/> |

Operator
Marbob Energy Corporation

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

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

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 Spurck | Well No. 4 |
| Pool Name, including Formation Empire Yates SR | Kind of Lease State, Federal or Fee State |
| | Lease No. B-8318 |
| Location | |
| Unit Letter I | 2310 Feet From The South Line and 330 Feet From The East |
| Line of Section 24 | T. Wnshp 17S |
| Range 27E | NMPM, Eddy County |

| | |
|---|--|
| 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. Drawer 175, 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 I |
| | Sec. 24 |
| | Twp. 17S |
| | Rge. 27E |
| | Is gas actually connected? No |
| | When |

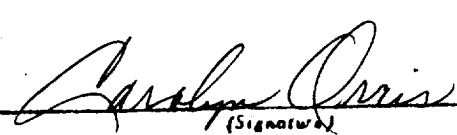
If this production is commingled with that from any other lease or pool, give commingling order number:

| | |
|--------------------------------------|---------------------------------------|
| COMPLETION DATA | |
| Designate Type of Completion - (X) | Oil Well <input type="checkbox"/> |
| | Gas Well <input type="checkbox"/> |
| | New Well <input type="checkbox"/> |
| | Workover <input type="checkbox"/> |
| | Deepen <input type="checkbox"/> |
| | Plug Back <input type="checkbox"/> |
| | Same Res'v. <input type="checkbox"/> |
| | Diff. Res'v. <input type="checkbox"/> |
| 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 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 |

Post RD-3
7-13-84
Wg. Op.

| | |
|----------------------------------|---------------------------|
| 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. | |
|  | |
| (Signature) | |
| Production Clerk | |
| (Title) | |
| 7/2/84 | |
| (Date) | |

| | |
|--|--|
| OIL CONSERVATION DIVISION JUL 06 1984 | |
| APPROVED _____, 19 _____ | |
| BY _____ | |
| ORIGINAL SIGNED BY LARRY BROOKS GEOLOGIST - NMOC | |
| 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 deviate 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 multiple | |