			St.	ate of N	lew Mexico	-	~ 4		
Submit 5 Copies Appropriate District Office DISTRICT 1	t	nergy,				ces Departri.	t	RECEIVED	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page
P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Anesia, NM 88210		-		P.O. B	ox 2088	DIVISIO	N A	PR % 4 19	
DISTRICT III		S	anta Fe, I	New M	lexico 8750)4-2088	A	O. C. D. RTESIA, OFFI	CE
1000 Rio Brazos Rd., Aztec, NM 87410 I.						AUTHORIZ TURAL GA	ZATION		
Operator		<u></u>					Well	API No.	
Marbob Energy Corpo	ration								
Address P. O. Drawer 217, As	rtesia,	NM 8	8210						
Reason(s) for Filing (Check proper box)		Change is	1 Transporte	r of:		er (Please expla ge in lea		e from: I	Pan American
New Well Recompletion	Oil] Dry Gas		Chun	ge 111 100			Costaplenty
Change in Operator X	Casinghea		Condensat			ctive 4/		<u> </u>	
If change of operator give name	rsey &	Compan	у, Р.	О. Во	<u>x 316, A</u>	rtesia, l	IM 882	10	·····
II. DESCRIPTION OF WELL	AND LE	ASE							Lange Ma
Lease Name		Well No. 2			ing Formation ke Grbg	SA		of Lease Federal og Feor	Lease No. NM-016786
Costaplenty Location		2	Dyua	<u> </u>	<u></u>				
Unit LetterI	_:	0	_ Feet From	The So	uth Line	and33) Fe	et From The	East Line
Section 1 Townshi	í.	17 <i>S</i>	Range	29		APM.		Eđe	dy County
						<u></u>			
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Conder		NATU	RAL GAS	e address to whi	ch approved	copy of this form	is to be sent)
Navajo Refining Comp	any 🔀	01 00100			P. O. L	rawer 15	9, Arte	sia, NM	88210
Name of Authorized Transporter of Casin			or Dry Ga	18				copy of this form	is to be sent)
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.			When	?	
f this production is commingled with that V. COMPLETION DATA	from any oth	ier lease or	pool, give o	commingl	ing order numt	юг		<u> </u>	- <u>.</u>
		Oil Well	Gai	s Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v Diff Res'v
Designate Type of Completion Date Spudded		nl. Ready t			Total Depth			P.B.T.D.	I
Date Spread	Date Compl. Ready to Prod.								
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Ol/Gas Pay			Tubing Depth	
Perforations	<u> </u>	<u>.</u>			L			Depth Casing S	hoe
		TIBING	CASINO	J AND	CEMENTI	NG RECORI	>	<u> </u>	
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT	
	<u> </u>	SINGAT			·			<u> </u>	
	-								
V. TEST DATA AND REQUES	ST FOR A	ALLOW	ABLE	and must	be equal to or	exceed top allo	wable for this	s depth or be for	
DIL WELL (Test must be after r	ST FOR A	ALLOW otal volume	ABLE	and must	be equal to or Producing Me		wable for this np, gas lift, e	s depth or be for	
OIL WELL (Test must be after r Date First New Oil Run To Tank	ST FOR A	ALLOW otal volume st	ABLE	and musi	be equal to or Producing Me Casing Pressu	exceed top allo ithod (Flow, pu	wable for this np, gas lift, e	s depth or be for	
OIL WELL (Test must be after r Date First New Oil Run To Tank	ST FOR A	ALLOW otal volume st	ABLE	and musi	Producing Me Casing Pressu	exceed top allo ithod (Flow, pu	wable for this np, gas lift, e	s depth or be for.	
OIL WELL (Test must be after r Date First New Oil Run To Tank Length of Test	ST FOR A	ALLOW otal volume st essure	ABLE	and musi	Producing Me	exceed top allo ithod (Flow, pu	wable for thi np, gas lift, e	s depth or be for	
OIL WELL (Test must be after r Date First New Oil Run To Tank Length of Test Actual Prod. During Test	ST FOR A recovery of to Date of Te Tubing Pre	ALLOW otal volume st essure	ABLE	and must	Producing Me Casing Pressu	exceed top allo ithod (Flow, pu	wable for thi	s depth or be for stc.) Choke Size Gas- MCF	full 24 hours.) 203120IL 4-26-91 GMG OP
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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.