Submit 5 Copies
Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Anesia, NM 88210

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

FEB -1 '90

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	8500	EST FC	OR AL	LOWAE	BLE AND	AUTHORI	IZATION	O, C.			
Ι.		OTRA	NSP	ORT OIL	AND NA	TURAL G	AS	ARTESIA.	DEI well		
Operator	oration/	/					Well	WLI 140'			
Marbob Energy Corpo	)lation 7										
P. O. Drawer 217, A	Artesia,	NM 88	210								
Reason(s) for Filing (Check proper box)					Oth	er (Please expl	lain)				
New Well		Change in	Transpo Dry Ga								
Recompletion	Oil Casinghead		Conder								
Change in Operator	- Carango										
and address of previous operator											
II. DESCRIPTION OF WELL AND LEASE  Well No. Pool Name, Include					ng Formation			of Lease			
Lease Name Morgan State	oc I valino				ake Grbg SA State:			Alegensk benyfner	edexakorska B-11662		
Location						2.2	3.0		East		
Unit LetterA	:990	· · · · · · · · · · · · · · · · · · ·	Feet Fi	om The	Orth Lin	e and33	F	eet From The	Вазс	Line	
Section 2 Towns	hin 175	3	Range	2	9E , N	мрм,		Eddy		County	
Section Towns											
III. DESIGNATION OF TRA	NSPORTE	R OF OI	LAN	D NATU	RAL GAS	ve address to w	vhich approve	d copy of this form	n is to be se	ent)	
Name of Authorized Transporter of Oil X or Condensate					P. O. Drawer 159, ARtesia,						
Navajo Refining Company  Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					ent)	
Trans or Francisco Transport					. Is gas actually connected? When			2			
If well produces oil or liquids, give location of tanks.	Unit A	S∞.	Twp.	Rge.   29E	Is gas actual	y connected?	] when	1 :		_	
If this production is commingled with th	1 1				ling order num	iber:					
IV. COMPLETION DATA	at 110111 and 1								D. D. J.	Diff Res'v	
Designate Type of Completion	n - (X)	Oil Well	(	Gas Well	New Well	Workover	Deepen	Plug Back  S.	ame Kes v	Dill Resv	
Date Spudded	Date Comp	l. Ready to	Prod.		Total Depth	L		P.B.T.D.			
					Ton Oil/Gas Pay			T. U Dth	T. L' Dark		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					<u> </u>			Depth Casing	Shoe		
,								<u> </u>			
TUBING, CASING AND					CEMENTI	NG RECORD	RD	SA	SACKS CEMENT		
HOLE SIZE	CAS	CASING & TUBING SIZE				DEF ITI SET			ID-3		
								3-1	3-16-20		
								chy LT: THM			
		***	W 12		<u> </u>						
V. TEST DATA AND REQU. OIL WELL (Test must be afte	EST FOR A	LLOW A	ABLE of load	oil and musi	be equal to o	exceed sop al	llowable for th	is depth or be for	full 24 hou	vs.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Tes	st void var	0) 1000		Producing M	ethod (Flow, p	oump, gas lift,	eic.)			
						ure		Choke Size	Choke Size		
Length of Test	Tubing Pres	Tubing Pressure				410					
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.						Gas- MCF			
Actual From 2 - 110g											
GAS WELL	<b></b>							Gravity of Cor	densile		
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbls. Condensate/MMCF			Clavily of Company		
Testing Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size	Choke Size		
lesting Method (phot, back pr.)	ig memor (paos, succept )										
VI. OPERATOR CERTIFI	CATE OF	COMP	LLAI	VCE			NSERV	ATION D	IVISIO	NC	
I hereby certify that the rules and res	guiations of the	Oil Consert	vation			012 001	102111				
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date	Date Approved FEB 9 1990					
(1)/ 1 /1	10	)									
Thomas /	llso			<del></del>	By_		ORIGINA	L SIGNED E	Y		
Signature Rhonda Nelson Production Clerk					MIKE WILLIAMS						
Printed Name	Printed Name Title					Title SUPERVISOR, DISTRICT II					
1/31/90 Date		Tele	phone I	₩.		bore		er zagita i kitaka esekta.	and the second		
The second secon	シャール ピーダイン・チレー	- FOREST PARTY	S. 16	A SAGE OF THE CONTRACTOR		es es (Franches)	depth to a wint on the	enger of the state of the tra-	A STATE OF THE STA	الأدبار البادات المساوي والمساوي	

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