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Appropriate District Office
DISTRICT I
P.O. Box 1750, N. M. 88240

DISTRICT II
P.O. Drawer 101, Artesia, NM 88210

DISTRICT III
1000 Rio Blvd. N.E., Artesia, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

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

FEB 23 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

ARTESIA OFFICE

| | | |
|---|---|------------------|
| I. Operator <u>Marbach Energy Corporation</u> | | Well API No. |
| Address <u>P. O. Drawer 210, Artesia, NM 88210</u> | | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | | |
| New Well <input type="checkbox"/> | Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> | Effective 3-1-90 |
| Recompletion <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |
| Charge in Operator <input type="checkbox"/> | | |
| If change of operator give name and address of previous operator | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|------------------------|--|---|------------------------------|
| Lease Name <u>Square Lake "12" Unit</u> | Well No. <u>109</u> | Pool Name, Including Formation <u>Square Lake Grayburg SA</u> | Kind of Lease <u>State, Federal or Other</u> | Lease No. <u>LC061483</u> |
| Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>12</u> Township <u>17S</u> Range <u>29E</u> , NMPM, Eddy County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|---|--|--------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refining Co</u> | Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 159, Artesia, NM 88120</u> | |
| 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 <u>F</u> | Sec. <u>12</u> |
| | Twp. <u>17S</u> | Rge. <u>29E</u> |
| Is gas actually connected? | | When? |

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

IV. COMPLETION DATA

| | | | | | | | | |
|------------------------------------|-----------------------------|----------|-----------------|-------------------|--------------|-----------|------------|------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| Elevations (DF, PEB, 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 |
| | | | |
| | | | |
| | | | |

V. 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 Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size <u>posted ID-3 3-9-90</u> |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF <u>Chg LT-TNPL</u> |

GAS WELL

| | | | |
|-----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCFD | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pump, tank, etc.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. OPERATOR 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.

Rhonda Nelson
Signature
Rhonda Nelson Production Clerk
Printed Name
2-15-90 Title
748-3303 Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 9 1990

By ORIGINAL SIGNED BY

MIKE WILLIAMS

Title SUPERVISOR, DISTRICT II

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.