		KET.
STATE OF NEW MEXICO		
NERGY AND MINERALS DEPARTMEN	т	6 . 6 . .
		Form C-104
DISTRIBUTION	OIL CONSERVATION DIV	
SANTA FE	P. O. BOX 2088	Page 1
U.S.O.A.		0. C. D.
LAND OFFICE	SANTA FE, NEW MEXICO 8	ARTESIA OFFICE
TRANSPORTER OIL		
GAS	REQUEST FOR ALLOWABLE	E
PROBATION OFFICE	AND	
	AUTHORIZATION TO TRANSPORT OIL AND	D NATURAL GAS
Operator		
	V	
Marbob Energy Corp	•	
P. O. Drawer 217,		
Reason(s) for filing (Check proper box)	omer	r (Please explain)
New Well	Change in Transporter of:	
		Innerchin change offeeting
Recompletion		Wenership change effective
Recompletion Change in Ownership change of ownership give name address of previous owner		October 1, 1987
Change in Ownership change of ownership give name address of previous owner DESCRIPTION OF WELL ANT	Casinghead Gas Condensate O Chevron U.S.A., Inc., P. O. Box	October 1, 1987 670, Hobbs, NM 88240
Change in Ownership change of ownership give name ad address of previous owner DESCRIPTION OF WELL ANT sease Name	Casinghead Gas Condensate O Chevron U.S.A., Inc., P. O. Box DLEASE Weil No. Pool Name, Including Formation	670, Hobbs, NM 88240 Kind of Lease
Change in Ownership change of ownership give name ad address of previous owner . DESCRIPTION OF WELL ANI rese Name Square Lake "12" Unit	Casinghead Gas Condensate O Chevron U.S.A., Inc., P. O. Box	670, Hobbs, NM 88240
Change in Ownership change of ownership give name ad address of previous owner . DESCRIPTION OF WELL ANI .ease Name Square Lake "12" Unit .ocgiion	Chevron U.S.A., Inc., P. O. Box Chevron U.S.A., Inc., P. O. Box DLEASE Weil No. Pool Name, Including Formation //3 Square Lake Grayburg S	670, Hobbs, NM 88240 Kind of Lease A State, Federal or Fee Fed 06148
Change in Ownership change of ownership give name ad address of previous owner . DESCRIPTION OF WELL ANI .ease Name Square Lake "12" Unit .ocgiion	Chevron U.S.A., Inc., P. O. Box Chevron U.S.A., Inc., P. O. Box DLEASE Weil No. Pool Name, Including Formation //3 Square Lake Grayburg S	670, Hobbs, NM 88240 Kind of Lease A State, Federal or Fee Fed 06148
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Change in Ownership change of ownership give name ad address of previous owner . DESCRIPTION OF WELL ANT . DESCRIPTION OF WELL ANT . DESIGNATION OF TRANSPO . Section / 2 Town L DESIGNATION OF TRANSPO . Same of Authorized Transporter of Cil	Chevron U.S.A., Inc., P. O. Box Chevron U.S.A., Inc., P. O. Box DLEASE Weil No. Pool Name, Including Formation //3 Square Lake Grayburg S C Feet From The Mittle Line and 1981 Sahip 175 Range 2915 DRTER OF OIL AND NATURAL GAS or Condensate Address (Give a	670, Hobbs, NM 88240 Kind of Lease Lease A State, Federal or Fee Feet From The East , NMPM, ENDy Court
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Change in Ownership Change of ownership give name address of previous owner DESCRIPTION OF WELL AND rease Name Square Lake "12" Unit .ocation Unit Letter: _/98 Line of Section / 2 Town L DESIGNATION OF TRANSPO Same of Authorized Transporter of Cill Water Injector Tame of Authorized Transporter of Casi	Chevron U.S.A., Inc., P. O. Box Chevron U.S.A., Inc., P. O. Box DIEASE Weil No. Pool Name, Including Formation //3 Square Lake Grayburg S- C Feet From The Actual Gas Feet From The Actual Line and 1980 Dahip 175 Range 296 DRTER OF OIL AND NATURAL GAS or Condensate Address (Give a highead Gas or Dry Gas Address (Give a	670, Hobbs, NM 88240 Kind of Lease A State, Federal or Fee Fed 06148 C Feet From The <u>E-G. I</u> , NMPM, <u>F-NN()</u> Cou address to which approved copy of this form is to be sent) A Could form is to be sent of the form
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VI. 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 is true and complete to the best of my knowledge and belief.

(Signature) 0501501 10 8 (Date)

OIL CONSERVATION DIVISION					
APPROVED_	OCT	5	1987		19
BYOriginal Signed By					
	Mike	Will	ams		

TITLE Oil & Gas Inspector

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 deviation tests taken on the well in accordance with AULE 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 multiply completed wells.

Form C-104 Revised 10-01-78 Format 06-01-83 Page 2

IV. COMPLETION DATA

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Designate Type of Completion	on - (X)	Oil Well	Gas Well	New Well	Workover	Deepen I	Plug Back	Same Restv.	Diff. Res'v.
Date Spudded	Date Compl	. Ready to P	rod.	Total Dept	h	_₄_,	P.B.T.D.	. <u>+</u>	1
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
Perforations	<u>I</u>		.,	<u> </u>			Depth Casis	ng Shoe	
<u> </u>		TUBING,	CASING, AN	D CEMENTI	NG RECOR	D			
HOLESIZE	CASIN	NG & TUBI	NG SIZE		DEPTH SE	T	5/	CKS CEMEN	17
· · · · · · · · · · · · · · · · · · ·									
							+		·····

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-OIL WELL able for this depth or be for full 24 hows)

Dale First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oll-Bbls.	Water - Ebis.	Gas • MCF		

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-is)	Casing Pressure (Sbut-in)	Choke Size