STATE OF NEW MEXICO			- BECPARA		
NERGY AND MINERALS DEPARTMENT	r			Form C-104	
#0. 8* ( DPICE SEELINES				Revised 10-0	
DISTRIBUTION	OU CONSERVA	TION DIVISION	0CT C-2.'8	Format 06-01 Page 1	-83
BANTAFE	P. O. BO		001 0	Fager	
FILE VV	SANTA FE, NEW		G. C. D.		
LAND OFFICE	SANTA PE, NEW	MEXICO 87301			
			ARTESIA, OFFI		
TRANSPORTER GAS	REQUEST FOR	RALLOWABLE			
OPERATOR		ND			
PROBATION OFFICE	AUTHORIZATION TO TRANSF	PORT OIL AND NATURA	LGAS		
•					
Operator					
Marbob Energy Cor	p. L				
Address					
P. O. Drawer 217,	Artesia, NM 88210				
Reason(s) for filing (Check proper box)		Other (Please e.	cplain)		
New Well	Change in Transporter of:	1			
		y Gas Ownersh	ip change e	effective	
Recompletion X Change in Ownership Change of ownership give name		October	1, 1987		
Recompletion Recompletion X Change in Ownership f change of ownership give name nd address of previous owner L DESCRIPTION OF WELL ANI	Oil Dr Casinghead Gas Ca Chevron U.S.A., Inc. P.	ormation October	1, 1987 , NM 8824(	0	Løase No.
Recompletion       X     Change in Ownership	Casinghead Gas Ca	October O. Box 670, Hobbs	1, 1987 , NM 88240	0	Lease No. 061483
Recompletion Recompletion Change in Ownership f change of ownership give name ind address of previous owner I. DESCRIPTION OF WELL ANI Leose Name Square Lake "12" Unit Location	OII Dr Casinghead Gas Ca Chevron U.S.A., Inc. P. DLEASE Well No. Pool Name, including F //4 Square Lake Gr	ormation ayburg S-A	1, 1987 , NM 8824(	•• Fed	-
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NOTE: Complete Parts IV and V on reverse side if necessary.

# 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) RU150. (Date)

### **OIL CONSERVATION DIVISION**

APPROVED	<u> </u>	, 19
BY	Original Signed By	
	Mike Williams	
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 RULE 111.

All sections of this form must be filled out completely for sliowsble 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.

### IV. COMPLETION DATA

Designate Type of Completi	on - (X)	OII Well	Gas Well	New Well	Workover	Deepen 1	Plug Back	Same Restv.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		rod.	Total Depth		P.B.T.D.			
Elevations (DF. RKB, RT, GR, etc.)	Name of Producing Formation		Top Oll/Gas Pay		Tubing Depth				
Periorationa	<u> </u>			L			Depth Casir	ng Shoe	
		TUSING,	CASING, AN	D CEMENTI	NG RECOR				<u></u>
HOLE SIZE	CASIN	IG & TUBH			DEPTH SE		SACKS CEMENT		
	<u> </u>			İ					

## 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 houre)

Date First New Oil Run To Tanze	Date of Test	Producing Method (Flow, pur	Producing Method (Flow, pump, gas lift, etc.)		
Longth of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - MCF		

### GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbia. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Presswe (Shnt-in)	Casing Pressure (Ebut-in)	Choke Size
i			