Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

RECEIVED

Form C-104 157

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OCT - 2 1991 O. C. D.

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ORIGINAL SIGNED BY

SUPERVISOR DISTRICT H

MIKE WILLIAMS.

Revised 1-1-89 Cl See Instructions	1
at Bottom of Page	Mo
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DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 ARTESIA OFFICE REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator Marbob Energy Corporation Address P. O. Drawer 217, Artesia, NM 88210 Reason(s) for Filing (Check proper box) KXOther (Please explain) Change in Transporter of: Request allowable New Well Dry Gas Oil Recompletion Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease No. Well No. Pool Name, Including Formation Kind of Lease Lease Name State, Redexal orxFoe B-10714 G-J West Coop Unit Grbg Jackson SR Q Grbg SA 52 Location 660 Feet From The South Line and 660 Feet From The East Line Unit Letter __ Section 16 Township 17S 29E Eddy Range , NMPM, III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate P. O. Drawer 159, Artesia, NM 88210 Navajo Refining Company Address (Give address to which approved copy of this form is to be sent) or Dry Gas Name of Authorized Transporter of Casinghead Gas When? If well produces oil or liquids, give location of tanks. Twp. Rge. Is gas actually connected? l Sec If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back | Same Res'v Deepen Gas Well New Well Workover Oil Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT **DEPTH SET** CASING & TUBING SIZE HOLE SIZE 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 allowable for this depth or be for full 24 hours.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tank Choke Size Casing Pressure Tubing Pressure Length of Test Gas- MCF Water - Bbis Oil - Bbls. Actual Prod. During Test GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test - MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Fasting Method (pitot, back pr.) OIL CONSERVATION DIVISION

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

complete to the best of my knowledge and belief. is true and

Signature

Production Clerk Rhonda Nelson Title Printed Name

748-3303 10/1/91 Date

Telephone No. 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

Date Approved ____

- 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.

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