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

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION P.O. Box 2088

JUL - 2 1992

P.O. Drawer DD, Artesia, NM 88210		San	ita Fe, New M	lexico 875	04-2088		O. C. D)		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	BEOL		R ALLOWA			ZATION	いたかん ベル			
I.	111100	TO TRAI	NSPORT OIL	L AND NA	TURAL GA	4S		·	<u></u>	
Operator							Vell API No.			
Marbob Energy Corporation						30-015-90518				
Address P. O. Drawer 217, A	rtesia,	NM 88	210							
Reason(s) for Filing (Check proper box)				Oth	er (Please expla	iin)				
New Well			fransporter of:		Effective	a 7/1/9	,			
Recompletion	· Oil	~~	Dry Gas 📙		ELLECCIA	<i>- </i>	•			
Change in Operator X	Caringhead		Condensate	3) 450	10 M 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	aniaa M	202 20	N Pro	adwan	
If change of operator give name and address of previous operator	Devon Er	nergy C	orp. (Neva	da), 150	OU MIG AM	erica i	klahoma	City, O.	K 73102	
II. DESCRIPTION OF WELL	AND LEA	SE Well No.		. F		Vind 4	of Lease	L	ease No.	
Lesse Name Etz State Unit (TR 2)				Federal on Fox NM-074936						
Location Unit Letter	. 1980	·	Feet From The $\frac{nc}{c}$	orth Lin	e and660	Fe	et From The	east	Line	
Section 17 Townshi	175		Range 30E	•	мрм,	Ed	_		County	
		0 O O O O	AND NATE	DAT CAS		•				
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	or Condens	AND NATU	Address (Giv	e address to wh	ich approved	copy of this f	orm is to be se	ent)	
	P. O. Box 2528, Hobbs, NM 88241									
Texas-New Mexico Pipeline Company Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					
Conoco, Inc.	P. O. Box 2197, Houston, TX 77252									
If well produces oil or liquids,	rwp. Rge.	1 -			. 7					
give location of tanks.	F	16	175 30E	ling order purp	her:					
If this production is commingled with that IV. COMPLETION DATA	from any other	er terre or bo	ooi, give comming	nng order mun	Jei.			· · · · · · · · · · · · · · · · · · ·		
	~	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	Ready to P		Total Depth	L		P.B.T.D.	<u> </u>			
Date Spudded Date Compl. Ready t					•					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing			nation	Top OlVGas Pay			Tubing Depth			
Perforations	l			Depth Casing Shoe						
·	77	IDING C	ASING AND	CEMENTI	NG RECORI)	L			
1101 5 6175	ING SIZE	CLIVILLIVIA	DEPTH SET		SACKS CEMENT					
HOLE SIZE	1100100									
	m ron A	1 000	OF E	<u> </u>					 	
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FUR A	of volume of	load oil and must	be equal to or	exceed top allow	vable for this	depth or be f	or full 24 how	rs.)	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	<u></u>		Producing Me	thod (Flow, pur	np, gas lift, et	c.)		1 +0 2	
						Choke Size Choke Size				
Length of Test	Tubing Pressure			Casing Pressure			7-10-72			
Actual Prod. During Test	Oil - Bbis.			Water - Bbls.			Gas-MCF Chy Of			
C + C YEST T	Ĺ <u></u>									
GAS WELL Actual Prod. Test - MCF/D	Length of Te	sl		Bbls. Condensate/MMCF			Gravity of Condensate			
Actual Floor Test - Month							Choke Size			
osting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			CHOXO SILO			
The Amon Commerce	ATE OF	COMPI	IANCE	_		O L. L./ / 4	TIONE	אויאופור	NI.	
VI. OPERATOR CERTIFICATION I hereby certify that the rules and regula	tions of the O	il Conservat	ion		IL CON	OEH VA			1.1	
by the base complied with and the	1111 9 1000									
is true and complete to the best of my knowledge and belief.					Date Approved					
Jan Jan Jan	1 , 11	0_	ノー							
Whomas !	<u>ul</u>	<u>00</u>		Ву	- Daire	KINT CIA	IED DV			
Signature						ORIGINAL SIGNED BY MIKE WILLIAMS				
Rhonda Nelson Production Clerk					WHILE WILLIAMS					

Printed Name 7/2/92

Date

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

Title.

SUPERVISOR, DISTRICT IT

with Rule 111. 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

748-3303 Telephone No.

- 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.