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Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

RECEIVED

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

O. C. D. ARTESIA OFFICE

DISTRICT II P.O. Drawer DD, Antesia, NM 88210 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

Marbob Energy Corporation 30015042280031	I	T	OTRA	NSP	ORT OIL	. AND NA	TURAL G					
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Lease Name Well No. Post Name, Including Formation Work No. Post Prom The Lease No. Middle Midd	If change of operator give name and address of previous operator Hor	do Oil	& Gas	Com	pany, I	P. O. Bo	x 2208,	Roswell	, NM 88	3202		
Location	II. DESCRIPTION OF WELL A	AND LEA	SE									
Usil Letter K : 2310 Feet From The South Lioe and 1650 Feet From The Eddy County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil SOUTH STATE OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil SOUTH STATE OF OIL AND NATURAL GAS Name of Authorized Transporter of Categobard Gas Continued Transporter of Categobard Gas Categobard Transporter of Categobard Gas Categobard	W. D. McIntyre "E" 2 Grayburg J						7R.Q.G.S					
Section 20 Township 17 S Range 30 E NMPM. Eddy County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Coll SEA Or Condensus Address (Give address to which approved copy of this form is to be sent) Nome of Authorized Transporter of Casinghead Case XX or Dry Gas Address (Give address to which approved copy of this form is to be sent) Nome of Authorized Transporter of Casinghead Case XX or Dry Gas Address (Give address to which approved copy of this form is to be sent) Nome of Authorized Transporter of Casinghead Case XX or Dry Gas Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, New Mexico 88240 If well produces id or liquids, Well form any other lease or pool, give comminging order number: V. COMPLETION DATA Designate Type of Completion - (X) Date Spadded Date Compl. Ready to Prod. Dist Spadded Date Completion - (X) Date Spadded Date Completion - (X) Name of Producing Formation Top Cl/Gas Pay Tubing Depth P.B.T.D. Tubing Depth Perforations TUBING, CASING AND CEMENTING RECORD ACTION OF TRANSPORTER OF OLD VALUE AND ACTION OF TRANSPORTER OF Test Sentence of the producing formation of the squal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Task Date of Test Tubing Pressure Chicke Size OIL WELL Actual Prod. During Test Cii - Bbls. Water - Bbls. Casing Pressure (Shut-in) OIL CONSERVATION DIVISION Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Of Test OIL CONSERVATION DIVISION Detail Producing that the rules and regulations of the Cii Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.	77	221	1.0			Courth	165	0		Most		
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Name of Authorised Transporter of Casinghead Gas EX	•	sale										
Marked oil or liquids, Unit Sec. Twp. 18 gas actually connected? When 7 10/05/62	Name of Authorized Transporter of Casinghead Gas XX or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
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) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Total Depth P.B.T.D. Tubing Depth Depth Casing Shoce TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING A TUBING SIZE DEPTH SET SACKS CEMENT DEPTH SET SACKS CEMENT Producing Method (Flow, pump, gas lift, etc.) Date of Tex Tubing Pressure Casing Pressure Casing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls. GAS WELL Actual Prod. Test - MCF/D Length of Test Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date of 1991 Policy Research New Well Workover Deepen Plug Back Same Res'v Diff Res	If well produces oil or liquids,	Unit !	Sec. 20			Is gas actual	ly connected?		?			
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Printed Name 11/24/9, (505)748-3303 Date Date	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. Ray Miller Secretary consequent Printed Name 11/24/91 (505)748-3303					Date Approved DEC 5 1991 By						

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.