Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

O. C. D.

11901 1993

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 8741  I.	REQUI				BLE AND A			1	•			
Operator	TO TRANSPORT OIL AND NATURAL GAS								Well API No.			
Marbob Energy Corporation							30-015-04389					
Address P. O. Drawer 217,	Artesia,	NM 8821	10						-			
Reason(s) for Filing (Check proper box					X Oth	er (Please exq	olain)					
New Well		Change in Tra	-	F3		orrect .	ADT No					
Recompletion	Oil		y Gas		C	orrect	API NO.					
Change in Operator	Casinghead	Gas Con	ndens	ate								
If change of operator give name and address of previous operator						·····				<del></del>		
II. DESCRIPTION OF WEL	L AND LEA					<del></del>			<del></del>			
Lease Name	Well No. Pool Name, Includi							id of Lease te, Federal or <del>yFye</del> e	of Lease Lease No. Federal orxixxX Lc-028793B			
Burch BB Federal		10	Gr	bg Jac	kson Sk	Q Grbg	SA Jan		LC-0	20/ <b>9</b> 35		
Location Unit LetterC	: 660	Fee	el Fro	on The N	Jorth Lin	e and 198	0	Feet From The _	West	Line		
OM DOM:					,	мгм,		Eddy		County		
Section 30 Towns	hip 17	B Rai	nge	<del>_</del>	OE , N	Y11 1V1,		Ludy		County		
III. DESIGNATION OF TRA		OF OIL		NATU	RAL GAS				de de 1			
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)											
WIW	inghed Ca-		Dry C	325	Address (Civ.	e address to:	which approx	red copy of this fo	rm is to he se	nt)		
Name of Authorized Transporter of Case WTW	ingnead Gas	0i i	Diy C		Audiess (Giv	t add 23 10 1	viiicis approv	ea copy of the jo				
If well produces oil or liquids, give location of tanks.	Unit S	Sec. Tw	p.	Rge.	ls gas actuali	y connected?	Wh	еп ?				
If this production is commingled with th	at from any other	r lease or pool	. give	comming	ling order num	ber:						
IV. COMPLETION DATA						• • • •						
		Oil Well	G	as Weli	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		L	l		Total Depth	l				<u> </u>		
Date Spudded	Date Compl.	. Ready to Pro	KI.		I Ocal Depui			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depti	Tubing Depth			
Perforations								Depth Casing	Depth Casing Shoe			
					CEMENTING RECORD				DACKE OF WENT			
HOLE SIZE	OLE SIZE CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
·					- <del></del>							
				·								
V. TEST DATA AND REQU	EST FOR AI	LLOWABI	LE						C.U.24 b	1		
OIL WELL (Test must be afte			ad oi	l and must	Producing Me	exceed top a	Howable for I	this depth or be for	or juli 24 nou	rs./		
Date First New Oil Run To Tank	Date of Test				1 . Controlle 1416							
Length of Test	Tubing Press	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL					L				•			
tual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of Co	Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Clioke Size			
					\ <u></u>			<u> </u>				
VI. OPERATOR CERTIFI				CE		DIL COI	NSER\	ATION D	IVISIC	N		
I hereby certify that the rules and reg Division have been complied with an	ulations of the O	u Conservatio vation given ab	a xove				•					
is true and complete to the best of m	knowledge And	belief.	-		Date	Approve	ed					
1/1/	n.//	0	)			pp. 0 46	^ ^	MA				
Kunda	1UL	36		,	By		MIL	U · A				
Signature	Produce	tion 01	a = 1-		""	<del></del>	<del>,</del>	001/1/	,			
Rhonda Nelson Printed Name	Product	Tide	<u>erk</u> •		Title			( yw	)			
1/29/93		748-3			''			<u> </u>				
Date		Telephon	ю Юо,	,	H							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.