

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Marbob Energy Corporation</b>	Well API No. <b>3001522456</b>
Address <b>P. O. Drawer 217, Artesia, NM 88210</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	

If change of operator give name  
and address of previous operator

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Gissler Fed</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Square Lake G-SA</b> <del>Grbg Jackson SR Q Grbg SA</del>	Kind of Lease <b>State, Federal or R&amp;E</b>	Lease No. <b>NM-83591</b>
Location Unit Letter <b>0</b> : <b>660</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>East</b> Line Section <b>5</b> Township <b>17S</b> Range <b>30E</b> , NMPM, <b>Eddy</b> County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>SI</b>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>SI</b>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When ?	

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)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded <b>4/6/90</b>	Date Compl. Ready to Prod. <b>6/10/90</b>		Total Depth <b>6112</b>			P.B.T.D. <b>3042</b>		
Elevations (DF, RKB, RT, GR, etc.) <b>3706.2 RKB</b>	Name of Producing Formation <b>Grayburg</b>		Top Oil/Gas Pay <b>2757</b>			Tubing Depth <b>2990</b>	<b>Post FD-2</b> <b>8-31-90</b> <b>comp &amp; BK</b>	
Perforations <b>2757-2981, 4438-4565, 3263-4102, CIBP @ 3042', See attached</b>						Depth Casing Shoe <b>3042</b>		

## TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>17 1/2"</b>	<b>13 3/8</b>	<b>478'</b>	<b>500 sx Class C</b>
<b>12 1/4"</b>	<b>9 5/8</b>	<b>3186'</b>	<b>1500 sx Lite sx C</b>

## V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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.)

Date First New Oil Run To Tank <b>6/11/90</b>	Date of Test <b>6/12/90</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hours</b>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <b>1/2</b>	Water - Bbls. <b>none</b>	Gas - MCF <b>100</b>

## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

## 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  
is true and complete to the best of my knowledge and belief.**Robin Smith**Signature **Robin Smith** Production ClerkPrinted Name **June 20, 1990** Title **748-3303**Date **June 20, 1990** Telephone No. **748-3303**

## OIL CONSERVATION DIVISION

Date Approved **AUG 23 1990**By **ORIGINAL SIGNED BY**  
**MIKE WILLIAMS**  
Title **SUPERVISOR, DISTRICT II**

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.

2757	4438
2758	4439
2759	4440
2764	4441
2765	4442
2782	4443
2783	4444
2784	4445
2793	4446
2795	4447
2803	4448
2822	4466
2826	4467
2866	4468
2872	4488
2878	4493
2884	4495
2885	4514
2886	4526
2903	4527
2912	4528
2920	4563
2980	4564
2981	4565
Pulled 3000' 5 1/2 csg	Acidized perfs 4438-4565 w/ 1500 gals 15% NE acid
Perfed 9 5/8 csg @ 2757-2981	Sqd perfs w/ 100 sx cmt
Acidized perfs w/ 1000 gals 15% NE acid	
Frac w/ 40,000 gal gel wtr & 205 sx 20/40	5733
180 sx 12/20 sand	5734
	5779
3263	5783
3264	5801
3265	5803
3266	5832
3267	5837
3730	5847
3742	5897
3743	Acidized perfs 5733-5897 w/ 500 gals 15% NE acid
3749	Sqd perfs 5733-5897 w/ 100 sx class C cmt
3758	
3760	
3990	
3991	
3992	
3993	
3994	
3995	
3996	
3997	
3998	
4092	
4102	
Acidized perfs 3263-4102 w/ 1000 gals 15% NE acid	
sqd perfs w/ 100 sx class C cmt	