

STATE OF NEW MEXICO		OIL CONSERVATION DIVISION		Form C-104 1-70	
NO. OF COPIES RECEIVED		P. O. BOX 2088		RECEIVED	
DISTRIBUTION		SANTA FE, NEW MEXICO 87501		SEP 08 '87	
SANTA FE		REQUEST FOR ALLOWABLE		O. C. D.	
FILE		AND		ARTESIA OFFICE	
U.S.O.B.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER					
OPERATOR					
PRODUCTION OFFICE					
Operator					
Marbob Energy Corporation ✓					
Address P.O. Drawer 217, Artesia, New Mexico 88210					
Reason(s) for filing (Check proper box)				Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:		Effective October 1, 1987	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.	
Raper Federal	2	Grbg Jackson SR O Grbg SA	State, Federal or Fee Fed.	NM-016786	
Location					
Unit Letter	B	: 330	Feet From The North	Line and 1980	Feet From The East
Line of Section	11	Township	17S	Range	29E, NMPL, Eddy County
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Pride Pipeline Company		P. O. Drawer 2948, Midland, TX 79702			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Phillips					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
	G	11	17S	29E	Yes 12/15/86
If this production is commingled with that from any other lease or pool, give commingling order number:					
COMPLETION DATA					
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Perforations				Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
Change Pool Name			Post ID-3		
			9-11-87		
			chg LT: MRC		
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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	Post ID-3	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF	10-9-87	
GAS WELL					
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate		