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

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

RECEIVED  
AUG 23 '89

Operator <b>Marbob Energy Corporation</b>	Well API No. <b>30-015-26110</b>
Address <b>P. O. Drawer 217, Artesia, NM 88210</b>	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Texaco "BE"</b>	Well No. <b>3</b>	Pool Name, Including Formation <b>Grbg Jackson SR Q Grbg SA</b>	Kind of Lease <b>STATE</b>	Lease No. <b>B-1565</b>
Location Unit Letter <b>B</b> : <b>330</b> Feet From The <b>North</b> Line and <b>1650</b> Feet From The <b>East</b> Line Section <b>16</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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Texas-New Mexico Pipeline Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 2528, Hobbs, NM 88240</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Conoco, Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 460, Hobbs, NM 88240</b>	
If well produces oil or liquids, give location of tanks. Unit <b>B</b> Sec. <b>16</b> Twp. <b>17S</b> Rge. <b>30E</b>	Is gas actually connected? <b>Yes</b>	When? <b>8/8/89</b>

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) <b>X</b>	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>		
Date Spudded <b>6/3/89</b>	Date Compl. Ready to Prod. <b>6/16/89 8-8-89</b>	Total Depth <b>5530'</b>	P.B.T.D. <b>5515'</b>
Elevations (DF, RKB, RT, GR, etc.) <b>3678.2' GR</b>	Name of Producing Formation <b>Grbg San Andres</b>	Top Oil/Gas Pay <b>2710'</b>	Tubing Depth <b>3551'</b>
Perforations <b>2710-3506' attached.</b>			Depth Casing Shoe <b>4032'</b>
TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE <b>12 1/4"</b>	CASING & TUBING SIZE <b>8 5/8"</b>	DEPTH SET <b>428'</b>	SACKS CEMENT <b>350 sx Part FD-2</b>
<b>7 7/8"</b>	<b>5 1/2"</b>	<b>4032'</b>	<b>2825 sx 9-1-89</b>
	<b>2 7/8"</b>	<b>3551'</b>	<b>comp + B17</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>8/14/89</b>	Date of Test <b>8/15/89</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <b>54</b>	Oil - Bbls. <b>54</b>	Water - Bbls. <b>frac</b>	Gas- MCF <b>112</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.

Signature  
**Rhonda Nelson** Production Clerk  
Printed Name  
**8/22/89** Title  
**748-3303**  
Date  
**748-3303** Telephone No.

OIL CONSERVATION DIVISION

Date Approved **AUG 30 1989**

By **ORIGINAL SIGNED BY**  
**MIKE WILLIAMS**  
Title **SUPERVISOR, DISTRICT II**

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.

MARBOB ENERGY CORPORATION

Texaco "BE" #3

Perforations & Treatment

2710

2711

2712

2713

2814

2815

2816

2817

2902

2903

2904

2952

2953

2954

2955

2956

2957

Acidized s/1500 gals. 15% NE ac,  
frac w/40,000 gals. gel wtr  
300 sx 20/40 & 100 sx 12/20 sands

3247

3248

3250

Acidized w/1500 gals. 15% NE ac

3452

3453

3457

3459

3460

3477

3501

3503

3505

3506

Acidized w/1500 gals. 15% NE ac,  
frac w/20,000 gals. gel wtr  
100 sx 20/40 & 100 sx 12/20 sands

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AUG 23 '89

O. C. D.  
ARTESIA OFFICE