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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS
OPERATOR	1
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes OIL C-104 and
GAS C-104
RECEIVED

JUN 1 1981

O. C. D.
ARTESIA, OFFICE

Operator Marbob Energy Corporation /	
Address P.O. Box 304, Artesia, N.M. 88210	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of ☐
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☒	Condensate Gas ☐ Condensate ☐
Other (Please explain)	

If change of ownership give name and address of previous owner **Lewis B. Burleson, Inc., Box 2479, Midland, Texas 79702**

DESCRIPTION OF WELL AND LEASE	
Lease Name Pure Federal	Well No. 1 Test Name, including Formation Shugart
Location Unit Letter D 330 Feet From The North Line and 844 Feet From The West Line of Section 31 Township 18S Range 31E N.M.P.M. Eddy County	Kind of Lease State, Federal or Fee Fed. NM File No. 056035

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) Drawer 175, Artesia, N.M. 88210
Name of Authorized Transporter of Condensate Gas ☐ or Dry Gas ☐	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 D Sec. 31 Twp. 18S Rge. 31E
Is gas actually connected?	No
When	

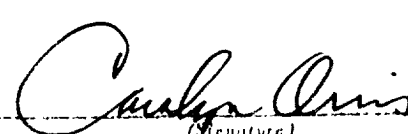
If this production is commingled with that from any other lease or pool, give commingling order number:

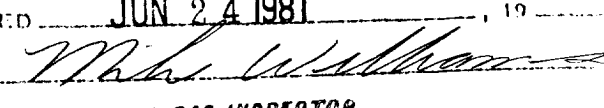
COMPLETION DATA	
Designate Type of Completion - (X)	☐ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ False Rest. ☐ Partial
Date Spudded	Date Compl. Ready to Prod.
Total Depth	P.B.T.D.
Elevations (D.C., R.B., E.T., G.R., etc.)	Run of Producing Formation
Top Oil/Gas Pay	Tubing Depth
Perforations	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of test oil and must be equal to or exceed top of well 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
Actual Prod. During Test	Oil - bbls.	Water - bbls.	Gas - MCF

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (Flow, Back pr.)	Tubing Pressure (lb/sq.-in.)	Casing Pressure (lb/sq.-in.)	Choke Size

CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
 (Signature) Production Clerk (Title) 6/19/81	

OIL CONSERVATION COMMISSION	
APPROVED JUN 24 1981	19
BY 	
TITLE OIL AND GAS INSPECTOR	
This form is to be filed in compliance with RULE 1104.	
If this is a request for allowable for a newly drilled or reworked well, this form must be accompanied by a tabulation of bottom hole tests taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely for all this new well is completed wells.	
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.	