

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501Form C-104  
Revised 10-1-78

RECEIVED

FEB 4 1982

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.  
ARTESIA, OFFICE

|                     |  |
|---------------------|--|
| BY SPECIAL DELIVERY |  |
| DISTRIBUTION        |  |
| SANTA FE            |  |
| FILE                |  |
| U.S.B.              |  |
| LAND OFFICE         |  |
| TRANSPORTER         |  |
| OPERATOR            |  |
| PRODUCTION OFFICE   |  |
| DATE                |  |

Marbob Energy Corporation

Address

P. O. Drawer 217, Artesia, NM 88210

Reason(s) for filing (Check proper box)

|                     |                                     |                           |                          |
|---------------------|-------------------------------------|---------------------------|--------------------------|
| New Well            | <input type="checkbox"/>            | Change in Transporter of: |                          |
| Recompletion        | <input type="checkbox"/>            | Oil                       | <input type="checkbox"/> |
| Change in Ownership | <input checked="" type="checkbox"/> | Coalinghead Gas           | <input type="checkbox"/> |
|                     |                                     | Dry Gas                   | <input type="checkbox"/> |
|                     |                                     | Condensate                | <input type="checkbox"/> |

Other (Please explain)

Effective 1/1/82

If change of ownership give name and address of previous owner Harlan Oil Company, P. O. Box 688, Artesia, NM 88210

## DESCRIPTION OF WELL AND LEASE

|                 |          |                                |                               |                            |
|-----------------|----------|--------------------------------|-------------------------------|----------------------------|
| Lease Name      | Well No. | Pool Name, including Formation | Kind of Lease                 | Lease No.                  |
| Tidewater FE    | 3        | North Hackberry - Yates        | State, Federal or Fee Federal | NM06813                    |
| Location        |          |                                |                               |                            |
| Unit Letter     | L        | 1650 Feet From The             | S                             | Line and 330 Feet From The |
| Line of Section | 19       | Township                       | 19S                           | Range 31E                  |
|                 |          |                                |                               | NMPA, 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) |
| Texas-New Mexico Pipeline Company                                                                                | P. O. Box 1510, Midland, TX 79701                                        |
| Name of Authorized Transporter of Coalinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>   | 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 |
|                                                          | 0    | 19   | 19S  | 31E  | NO                         |      |

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 | Same Depth | Drill New |
| Date Spudded                       | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.     |          |        |           |            |           |
| Elevations (DF, RKB, RT, GR, 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 |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

## 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 |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                   | Gas-MCF    |

## 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            |

## 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.

Production Clerk

February 1, 1982

## OIL CONSERVATION DIVISION

FEB 15 1982

APPROVED

BY

TITLE

SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 110.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filled for each pool in multiple completions.