

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Submit 5 Copies
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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Marbob Energy Corporation		Well API No. 30-015-23942
Address P. O. Drawer 217, Artesia, NM 88210		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		Designate X Change to Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico DC State	Well No. 1	Pool Name, including Formation Wildcat Atoka	Kind of Lease State, Fixed	Lease No. LG-1637
Location Unit Letter H : 1980 Feet From The N Line and 660 Feet From The E Line		Section 18 Township 19S Range 29E, NMFM, Eddy County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Navajo Refining Co.	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas GPM Gas Corporation	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762
If well produces oil or liquids, give location of tanks.	Unit H Sec. 18 Twp. 19S Rge. 29E	Is gas actually connected? <input checked="" type="checkbox"/> When? 12-12-92

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 type="checkbox"/> Gas Well <input checked="" type="checkbox"/>	New Well <input 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 7/23/91	Date Compl. Ready to Prod. 12/11/92	Total Depth 11,800
Elevations (DF, RKB, RT, GR, etc.) 3379 KB	Name of Producing Formation Atoka	P.B.T.D. 10,860
Perforations 10,684 - 10,700 Atoka		Top Oil/Gas Pay 10,684
TUBING, CASING AND CEMENTING RECORD		Tubing Depth 10,595
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET
17 1/2"	13 7/8"	365'
11"	8 5/8"	2944'
7 7/8"	5 1/2"	11,798'
	2 7/8"	10,595'
		SACKS CEMENT 425 sx Part ID-2 2000 sx 12-18-92 2300 sx comp & BK

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	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 170 Dry Gas	Length of Test 12. hrs.	Bbls. Condensate/MMCF -0-	Gravity of Condensate
Testing Method (pilot, back pr.) Positive Chk. nipple	Tubing Pressure (Shut-in) 50#	Casing Pressure (Shut-in) -0-	Choke Size 3/8"

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
Rhonda Nelson
Date
12/11/92
Telephone No.
748-3303

OIL CONSERVATION DIVISION

Date Approved JAN 12 1993

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.