10-11-83 CNL/LDT Sud-4717 DLL/MSFL 1503-4-27

## Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED Revised 1-1-89
See Instructions
at Bottom of Page

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

## OIL CONSERVATION DIVISION

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

JUN - 4 1992

Dicaricat III	Santa	a re, new mi	EXICO 675	04-2000		U. C. D.			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOF	RALLOWAE	BLE AND	AUTHORI	ZATION	וואאריו פוסיאיש	C 5		
_	TO TOAN	SPORT OIL	AND NA	TURAL G	AS				
I	TOTAN	31 0111 012	. / 1110 11/1	1 01 1/12 0.	Well	API No.			
Operator Marbob Energy Corpor	ration /				1				
Address P. O. Drawer 217, A:	rtesia. NM 882	10							
	Lesia, III oor		Oth	ner (Please expl	ain)				
Reason(s) for Filing (Check proper box)	Change in Tr	ancounter of		ffective					
New Well	ั เซา								
Recompletion									
Change in Operator X		ondensate							
If change of operator give name and address of previous operator EXXC	on Corp, P. O.	Box 1600,	Midland	1, TX 79	702				
and address of provides opinion									
II. DESCRIPTION OF WELL	N OF WELL AND LEASE  Well No.   Pool Name, Including Formation					Kind of Lease Lease No.			
Lease Name					State,	Farkanax Roc	LG-1637		
New Mexico DC State		. Miliman	On GIDE	JSA			J		
Location	4700	Co	+h	. and 66	50 r	et From The	East	Line	
Unit LetterI	_ :1780 Fe	et From The $\frac{SO}{2}$	ucii Lin	e andor	, <u>,,,                                 </u>	et From The		Lane	
	40a <b>4</b> \ n	ange 29E	N	мрм,	Eddu			County	
Section 18 Townshi	p 195 - * R	inge 29E							
THE PART OF THE ART	CDODTED OF OU	AND NATII	RAL GAS						
III. DESIGNATION OF TRAN		AND MATO	Address (Giv	e address to wi	tich approved	copy of this form	is to be sen	1)	
Name of Administration of the A.				P. O. Box 159, Artesia, NM 88210					
Navajo Refining Co			Address (Give address to which approved copy of this form is to be sent)					1)	
Name of Authorized Transporter of Casing		Dry Gas		enbrook,			_		
Phillips 66 Natural (		l D-s		y connected?	When				
If well produces oil or liquids,				iy comeacu.	1	•			
give location of tanks.	1 " 1	9S 29E	Yes						
If this production is commingled with that	from any other lease or poo	d, give comming!	ing order num	ider:					
IV. COMPLETION DATA			1	1 W. I	Dooman	Plug Back Sa	me Res'v	Diff Res'v	
	Oil Well	Gas Well	New Well	Workover	Deepen	i Ling Dack low	inc ites t	I	
Designate Type of Completion	- (X)	<u></u>	Total Depth	<u> </u>	<u> </u>	P.B.T.D.		L	
Date Spudded	Date Compi. Ready to Pr	od.	Total Depui			F.B.1.D.			
			Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation									
			<u></u>			Depth Casing S	boe		
Perforations						Depar, casing 5			
						<u> </u>			
	TUBING, C	ASING AND	CEMENTI		<u>m</u>	T 046	OKO OFME	AIT	
HOLE SIZE	CASING & TUBI	NG SIZE	DEPTH SET			SACKS CEMENT			
						<b> </b>			
						<u> </u>			
	<del>                                     </del>								
						<u> </u>			
V. TEST DATA AND REQUE	T FOR ALLOWAR	LE							
	ecovery of total volume of	load oil and must	be equal to o	r exceed top all	owable for the	s depth or be for	full 24 hour	5.)	
OIL WELL (Test must be after r  Date First New Oil Run To Tank	Date of Test		Producing M	lethod (Flow, p	ump, gas lift,	etc.)			
Date First New Oil Kull 10 14lik	Date of Year								
	Making Program		Casing Press	aire		Choke Size			
Length of Test	Tubing Pressure								
	ļ		Water - Bbls	<u> </u>		Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				•				
	<u></u>		L						
GAS WELL						Gravity of Con	denesta		
Actual Prod. Test - MCF/D	Length of Test		Bbls. Conde	nsate/MMCF		Gravity of Cou	OCHBALC		
The second secon						0,-			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in	)	Casing Press	sure (Shut-in)		Choke Size			
lesting Method (phot, back pr.)									
	L COMPL	IANCE						. K. I	
VI. OPERATOR CERTIFIC	ATE OF COMPL	IANCE	(	OIL COI	1SERV	ATION D	171510	IA	
Thereby certify that the rules and regul	ations of the Oil Conservat	ion shove	<u> </u>						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			D-1	Date Approved					
is true and complete to the best of my	THOWIEURE MIN DELICIT.	1	Date	a whhlore	u				
	7 1/0								
Thomas Illso				By ORIGINAL SIGNED BY					
Signature Production Clark			MIKE WILLIAMS						
Rhonda Nelson Production Clerk			Title SUPERVISOR, DISTRICT IT						
Printed Name	= :	3303	''''						

- 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.

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
  4) Separate Form C-104 must be filed for each pool in multiply completed wells.