Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

IUN - 4 1992

DISTRICT III

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410	REQ	JEST F	OR A	LLOWA	BLE AND	AUTHOR!	ZATION	O. C.			
I.		<u> TO TRA</u>	ANSP	ORTOIL	_ AND NA	TURAL G	45 Well	API No.			
Operator	ration										
Marbob Energy Corpo	Lacion						l				
Address P. O. Drawer 217, A.	rtesia,	NM 8	8210								
Reason(s) for Filing (Check proper box)						er (Please expl					
New Well		Change in			Ef	fective	6/1/92				
Recompletion	Oil		Dry G								
Change in Operator		d Gas									
If change of operator give name and address of previous operator Ex	kon Cor	p, P.	O. B	ox 1600	, Midlar	nd, TX 7	9702				
II. DESCRIPTION OF WELL AND LEASE						Kind o			of Lease No.		
Lease Name Well No. Pool Name, Including the Milliman								MKMKXXX LG-1637			
New Mexico DC State		4	<u> </u>	MIIIMAII	QII GIB	,					
Location		660	Feet F	om The N	orth Lin	e and19	80 F	et From The _	East	Line	
Unit LetterB	_ •	_			•			ddu		County	
Section 18 Townshi	p 195	<u> </u>	Range	29E	, N	мгм,	<u>E</u>	aag			
III. DESIGNATION OF TRAN	SPORTE	OF O	IL AN	ND NATU	RAL GAS	a address to wi	hich approved	Leany of this fo	rm is to be se	nt)	
Name of Authorized Transporter of Oil	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 Oil Navajo Refining Co.					Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casinglead Gas XT or Dry Gas					4001 Penbrook, Odessa, TX 79762						
	Phillips 66 Natural Gas Co.					y connected?	When				
If well produces oil or liquids, give location of tanks.		18	195		Yes		l				
If this production is commingled with that		ner lease or	pool, gi	ive comming	ling order num	ber:					
IV. COMPLETION DATA							·	1 7 7 1	Carra Dagin	Diff Res'v	
	05)	Oil Wel	ı İ	Gas Well	New Well	Workover	Deepen	Plug Back	Same Kes v	Dili Kesv	
Designate Type of Completion - (X) Date Soudded Date Compl. Reac			n Prod.		Total Depth			P.B.T.D.			
Date Spudded	e Spudded Date Compt. Ready to 1100										
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depti	Tubing Depth		
Perforations						Depth Casing Shoe					
1 CITOLETORS				·							
TUBING, CASING AND					CEMENT	NG RECOR	D	7	10/0 051		
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
	J							 			
								-			
	 				 						
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE	<u>C</u>	<u></u>						
OIL WELL (Test must be after	recovery of t	otal volume	of load	l oil and mus	t be equal to o	r exceed top all	owable for th	is depth or be f	or full 24 hou	75.)	
te First New Oil Run To Tank Date of Test					Producing M	lethod (Flow, p	ump, gas iyī,	eic.)			
Length of Test	Tubing Pr	Tubing Pressure				Casing Pressure			Choke Size		
Length of rest	Tuoing Freedom							Gas- MCF			
Actual Prod. During Test	Oil - Bbis	Oil - Bbis.				Water - Bbis.					
				·····							
GAS WELL Actual Prod. Test - MCF/D Length of Test					Bbis. Condensate/MMCF			Gravity of Condensate			
Actual Prod. Test - MC17D								79-1-81	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. ORERATOR CERTIFIC	LATE O	COM	PLIA	NCE		OIL CON	ISERV	ΑΤΙΟΝ Ι	OIVISIO	N	
to the rules and requi	lations of the	: Oil Conse	rvation		1		40LIIV	, , , , , , , , ,	_ , , , , , , , ,	. • •	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						. A	.d -	UN " 9	1992		
is true and complete to the best of my	Knowledge a	murbenen.		J	Date	e Approve	u	, <u> </u>			
Maria da Maria						2010	15151 010	אורף היי			
Monda / Class					By ORIGINAL SIGNED BY						
Signature Rhonda Nelson Production Clerk					MIKE WILLIAMS SUPERVISOR, DISTRICT I						
Printed Name 7.40, 2202					Title	301-1	-11713UN,	DIGINIOI	**		
5/29/92			ephone								
Date		-			11						

- 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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.