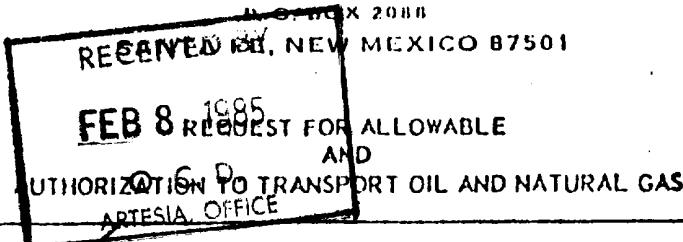


OIL CONSERVATION DIVISION

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.D.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	



Operator Marbob Energy Corporation

Address P.O. Drawer 217, Artesia, N.M. 88210

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>Turkey Track Sec 3 Ut</u>	<u>29</u>	<u>Turkey Track SR Q G SA</u>	<u>State, Federal or Fee State</u>	<u>B-8876</u>
Location				
Unit Letter <u>H</u>	<u>1650</u>	Fees From The <u>North</u> Line and <u>330</u>	Fees From The <u>East</u>	
Line of Section <u>3</u>	Township <u>19S</u>	Range <u>29E</u>	NMPM, <u>Eddy</u>	County

III. 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)
<u>Navajo Refining Co.</u>	<u>P.O. Box 159, Artesia, N.M. 88210</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips Petroleum Co.</u>	<u>4001 Penbrook, Odessa, Texas 79762</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<u>C 3 19S 29E</u>	<u>Yes 2/1/85</u>

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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" 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 <u>1/6/84</u>	Date Compl. Ready to Prod. <u>2/1/85</u>	Total Depth <u>3155'</u>	P.B.T.D. <u>3121'</u>
Elevations (DF, RKB, RT, CR, etc.) <u>3415' GR</u>	Name of Producing Formation <u>Queen, Grayburg</u>	Top Oil/Gas Pay <u>2152'</u>	Tubing Depth <u>2980'</u>
Perforations <u>2152-2960' attached</u>			Depth Casing Shoe <u>3129'</u>

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 24#	340'	300
7 7/8"	5 1/2" 15.50#	3129'	1350
	2 7/8"	2980'	

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 <u>2/1/85</u>	Date of Test <u>2/2/85</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	Post ID-2 2-15-85 Comp. 13K
Length of Test <u>24 hrs.</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <u>103</u>	Oil-Bbls. <u>43</u>	Water-Bbls. <u>60</u>	Gas-MCF <u>to pipeline</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. 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.

Carol Ann Purcella
(Signature)

Production Clerk

(Title)

2/6/85

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 13 1985, 19

BY Original Signed By
Leslie A. Clements
TITLE Supervisor District II

This form is to be filed in compliance with RULE 1104.
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 Forms C-104 must be filed for each pool in multiple completed wells.

Marbob Energy Corporation
Turkey Track Sec 3 Ut #29
Perforations

2152
2159
2168
2170
2174
2186
2226
2238
2244
2298
2303
2316
2328
2351
2362
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