

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED

DEC 11 '90

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

O. C. S.
ARTESIA, OFFICE

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LIT
OP

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Marbob Energy Corporation		Well API No. 30-015-25507
Address P. O. Drawer 217, Artesia, NM 88210		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Effective 12/1/90 Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator Santa Fe Energy Operating Partners, L.P., 500 W. Illinios, Suite 500, Midland, TX 79701		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lusk 22 Federal	Well No. 2	Pool Name, Including Formation N. Hackberry SR - Y - SR	Kind of Lease State, Federal or Private	Lease No. NM-44594
Location Unit Letter E : 1980 Feet From The North Line and 510 Feet From The West Line Section 22 Township 19S Range 31E , NMPM, Eddy 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"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead 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.	Twsp.	Rge.	Is gas actually connected?	When ?

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
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
			Part ID-3
			12-21-90
			chg up
			chg LT: PER

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Rhonda Nelson
Signature
Rhonda Nelson Production Clerk
Printed Name
12/10/90 Title
Date
748-3303 Telephone No.

OIL CONSERVATION DIVISION

Date Approved **DEC 21 1990**

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