

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 3 1991
Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator <i>Marbob Energy Corporation</i>		Well API No. 30-015-04228
Address P. O. Drawer 217, Artesia, NM 88210		
Reason(s) for Filing (Check proper box)		<input type="checkbox"/> Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	Effective 12/1/91
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE			
Lease Name <i>W. D. McIntyre "E"</i>	Well No. 2	Pool Name, including Formation <i>Grbg Jackson SR Q Grbg SA</i>	Lease No. NM-0467932
Location		Kind of Lease SUNK Federal OFF	
Unit Letter <i>K</i>	<i>2310</i> Feet From The <i>South</i> Line and <i>1650</i> Feet From The <i>West</i> Line		
Section <i>20</i>	Township <i>17S</i>	Range <i>30E</i> , NMPM,	County <i>Eddy</i>

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)			
Texas-New Mexico Pipeline Co. <i>NRC</i>			<i>P. O. Box 2528, Hobbs, NM 88240</i>			
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)			
<i>Conoco, Inc.</i>			<i>P. O. Box 460, Hobbs, NM 88240</i>			
If well produces oil or liquids, give location of tanks.	Unit <i>K</i>	Sec. <i>20</i>	Twp. <i>17S</i>	Rge. <i>30E</i>	Is gas actually connected? <i>yes</i>	When? <i>10/5/62</i>
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		

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.	
<i>Rhonda Nelson</i>	<i>Production Clerk</i>
Signature <i>Rhonda Nelson</i>	Title <i>Production Clerk</i>
Printed Name <i>11/27/91</i>	Telephone No. <i>748-3303</i>
Date	

OIL CONSERVATION DIVISION	
DEC 3 1991	
Date Approved	
By	ORIGINAL SIGNED BY <i>MIKE WILLIAMS</i>
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.