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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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

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

1000 Rio Brazos Rd., Aztec, NM 87410	REQ	UEST F	FOR A	LLOWA	BRECEIVE	AUTHORI	ZATION				
TO TRANSPORT OIL					Well API No						
Operator  Marbob Energy Corporation					PR 2 4 1992			30-005-00274			
Address P. O. Drawer 217, As	ctesia	, NM 8	88210		O. C.	D. #FIC*					
Reason(s) for Filing (Check proper box)					Oth	ier (Please expl					
New Well			in Transp		Effe	ective 4/	1/92				
Recompletion	Oil	r	Dry G								
Change in Operator	Caringho	cad Gas L	Conde	nsate							
If change of operator give name and address of previous operator		<del></del>								· · · · · · · · · · · · · · · · · · ·	
II. DESCRIPTION OF WELL AND LEASE Well No.   Pool Name, Including						ng Formation Kind c			lease Lease No.		
Lease Name State CF	of Italia					Devonian State,			Reducidant Res B-8385		
Location			L <u> </u>								
Unit LetterJ	_ :1	980	_ Feet F	rom The Sc	outh Lin	e and1980	<u>)                                    </u>	et From The	East	Line	
Section 13 Township 11S Range 27E						, NMPM,			Chaves County		
III. DESIGNATION OF TRAN	SPORT"	ER OF (	OIL AN	ID NATU	RAL GAS						
Name of Authorized Transporter of Oil xx						Address (Give address to which approved topy of this form & to be selly					
Amoco Production Company					502 N. West Ave., Levelland, TX 79336						
Name of Authorized Transporter of Casinghead Gas or Dry Gas					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.	Twp.	Rge.	Is gas actual	ly connected?	When	7			
If this production is commingled with that	from any o	ther lease o	r pool, gi	ve comming	ling order num	ber:					
IV. COMPLETION DATA							I Dansa	Plug Back	Same Rec'y	Diff Res'v	
Designate Type of Completion	- (X)	Oil We	ell	Gas Well	New Well	Workover	Deepen	Plug Dack	Saine Nes v		
Date Spudded	C I P I I P I				Total Depth			P.B.T.D.			
Date Spinious											
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas	Pay		Tubing Dept			
Perforations								Depth Casing	Shoe		
					CEL LED VIT	NC PECOE	20	<u> </u>			
	TUBING, CASING AND					DEPTH SET			SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE				DEFIN SET						
	-										
								<u></u>			
V. TEST DATA AND REQUE	ST FOR	ALLOV	VABLE	i Loil and musi	the equal to a	r exceed top all	owable for th	s depth or be f	or full 24 hou	ers.)	
OIL WELL (Test must be after recovery of total volume of load oil and must  Date First New Oil Run To Tank  Date of Test						lethod (Flow, p	ump, gas lift,	etc.)			
Date Lier idea Off Kor 10 1977								Choke Size			
Length of Test	Tubing Pressure				Casing Pressure			CHORE SIZE			
Actual Prod. During Test	Oil - Bbis.				Water - Bbls.			Gas- MCF			
Actual 1100 Decing	<u> </u>				<u></u>			<u></u>			
GAS WELL					1611-7-L	WMCE		Gravity of C	ondensate		
Actual Prod. Test - MCF/D	ACF/D Length of Test					Bbls, Condensate/MMCF					
ting Method (pitot, back pr.)  Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
					<u> </u>						
VI. OPERATOR CERTIFIC	ATE O	F COM	[PLIA]	NCE		OIL CO	SERV.	ATION I	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation						0,200.	, , ,				
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date	e Approve	AM MAY	6 1992	)		
the and complete to the best of my	0 /	//			Dale	2 Whhinge	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Honda Nel Son					עם	<b>ne</b> ie!	NAL SIGN	IFD RY			
Signature					By_		WILLIAMS				
Rhonda Nelson Production Clerk					Title	CHEEDVISAD DISTRICT #					
Printed Name 4/23/92			48-33				<u></u>	. NA. / 47m2			
Date Telephone No.											

- 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
- 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.