

District I  
100 Box 1980, Hobbs, NM 88241-1980  
District II  
811 South First, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

Form C-104  
Revised October 18, 1994  
Instructions on back  
Submit to Appropriate District Office  
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Marbob Energy Corporation P.O. Box 227 Artesia, New Mexico 88211-0227		OGRID Number 014049
		Reason for Filing Code CH Effective 11-1-96
API Number 30-005 61603	Pool Name Twin Lakes San Andres (Associated)	Pool Code 61570
Property Code 004028 17965	Property Name Twin Lakes San Andres Unit	Well Number 093

II. Surface Location

UL or lot no. C	Section 07	Township 09S	Range 29E	Lot Idn	Feet from the 330	North/South Line North	Feet from the 1650	East/West line West	County Chaves
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Bottom Hole Location

UL or lot no. C	Section 07	Township 09S	Range 29E	Lot Idn	Feet from the 330	North/South line North	Feet from the 1650	East/West line West	County Chaves
Lee Code P	Producing Method Code WIW	Gas Connection Date N.A.	C-129 Permit Number N.A.	C-129 Effective Date N.A.	C-129 Expiration Date N.A.				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description

RECEIVED

OCT 31 1996

OIL CON. DIV.

IV. Produced Water

POD	POD ULSTR Location and Description
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V. Well Completion Data

Spud Date	Ready Date	TD	PHTD	Perforations	DIHC, DC, MC
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement		

posted #D-3  
11-22-96  
Cody

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Thg. Pressure	Cg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules 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.

Signature: *Ray P. Miller*

Printed name: Ray P. Miller

Title: Secretary / Treasurer

Date: 10-30-96

Phone: (505) 748-3303

OIL CONSERVATION DIVISION

Approved by: SUPERVISOR, DISTRICT II

Title:

Approval Date: NOV - 5 1996

If this is a change of operator fill in the OGRID number and name of the previous operator

Gene H. Linton

Supervisor-Prod. Acct.

10-5-96

Previous Operator Signature

Printed Name

Title

Date

Energy Development Corporation

OGRID #007272

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

c/sf  
up  
Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

Operator ENERGY DEVELOPMENT CORPORATION	Well API No. 30-005-61603	NOV 27 '89
Address 1000 Louisiana, Suite 2900, Houston, Texas 77002		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Section III not applicable - Waterflood Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Injection well		
If change of operator give name and address of previous operator PELTO OIL COMPANY, 500 Dallas, Suite 1800, Houston, Texas 77002		

II. DESCRIPTION OF WELL AND LEASE

Lease Name TL5AU	Well No. 93	Pool Name, including Formation Twin Lakes - San Andres Assoc.	Kind of Lease Leasehold Fee	Lease No.
Location Unit Letter C : 330 Feet From The North Line and 1650 Feet From The West Line Section 7 Township 9S Range 29E, NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> N/A	Address (Give address to which approved copy of this form is to be sent) N/A	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A	Address (Give address to which approved copy of this form is to be sent) N/A	
If well produces oil or liquids, give location of tanks.	Unit N/A	Sec. N/A
	Twp. N/A	Rge. N/A
	Is gas actually connected? N/A	When? N/A

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		
						Post ID-3		
						12-8-89		
						chgy of		

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.

Signature  
Michael M. Bauer  
Printed Name  
11-06-89  
Date  
Agent  
Title  
(713) 370-7392  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC - 8 1989

By  
Title

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.