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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Marboin Energy Corporation</u>		Well API No. <u>30-005-62882</u>
Address <u>P. O. Drawer 217, Artesia, NM 88210</u>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input 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 <u>State CF</u>	Well No. <u>9</u>	Pool Name, including Formation <u>Chisum, Devonian</u>	Kind of Lease State, XXXXXX	Lease No. <u>B-8385</u>
Location Unit Letter <u>P</u> : <u>920</u> Feet From The <u>South</u> Line and <u>1310</u> Feet From The <u>East</u> Line Section <u>13</u> Township <u>11S</u> Range <u>27E</u> , NMPM, <u>Chaves</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"/> <u>Amoco Pipeline Intercompany Trucking</u>	Address (Give address to which approved copy of this form is to be sent) <u>502 n. West Ave., Levelland, TX 79336</u>	
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.
	Twp.	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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>4/13/93</u>	Date Compl. Ready to Prod. <u>5/9/93</u>		Total Depth <u>6568'</u>		P.B.T.D. <u>6568'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3767.2' GR</u>	Name of Producing Formation <u>Devonian</u>		Top Oil/Gas Pay <u>6519'</u>		Tubing Depth <u>6340'</u>			
Perforations <u>open hole 6519-6568</u>					Depth Casing Shoe <u>6519'</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4"</u>	<u>8 5/8"</u>		<u>1229'</u>		<u>500 sx Class C</u>			
<u>7 7/8"</u>	<u>5 1/2"</u>		<u>6519'</u>		<u>450 sx Class C</u>			
					<u>Post ID-2</u> <u>6-11-93</u> <u>camp & BH</u>			

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>5/10/93</u>	Date of Test <u>5/10/93</u>	Producing Method (Flow, pump, gas lift, etc.) <u>pumping</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <u>813</u>	Oil - Bbls. <u>160</u>	Water - Bbls. <u>753</u>	Gas - MCF <u>TSTM</u>

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.

Robin Smith
Signature
Robin Smith Production Clerk
Printed Name
5/20/93 Title
Date 748-3303
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 28 1993
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.