LAND OFFICE       RECEIVED         I RANSPORTER       OL         OPERATOR       DEC10 1975         OPERATOR       DEC10 1975         Operator       C. C. S.         Address       ARTESIA, DEFICE         Description       C. C. S.         Marbob Energy Corporation       C. C. S.         Address       ARTESIA, DEFICE         Box 304, Artesie, N. M. 88210       Recompletion         Recompletion       Other (Please explain)         New Weil       Change in Transporter of:         Recompletion       Other (Please explain)         Res consister       Margu Well # from * 7         If change of ownership give name       C & K Petroletum Inc., 607 Midlend Nat1. Benk Bldg., Midlend address of previous owner         If change of ownership give name       Red Lake         State, Federal of Pee [13]       Ithe of Lease Mark         Address of previous owner       C & K Petroletum Inc., 607 Midlend Nat1. Benk Bldg., Midlend Address of previous owner         It change of ownership give name       Red Lake         State, Federal of Pee [13]       Ithe of Actes         Location       1       Red Lake         Unit Letter       N       : 990         Peet From The South       Line and 2310       Feet From The	Lease No. 
GAS       DEC 10 1875         DPERATOR       DEC 10 1875         Operation of Fice       DEC 10 1875         Coperation       EL E. C.         Marbob Energy Corporation       Classing of this (Check proper back)         New Weil       Change in Transporter of:         Recompletion       Oil         Change in Transporter of:       Condensate         Recompletion       Oil         Change of ownership 3       Cassingheed Gas         Condensate       Change Milled 4         If change of ownership give name and address of previous owner       C & K Petroleum Inc., 607 Midland Natl. Bank Bldg., Midland         II.       DESCRIPTION OF WELL AND LEASE         Location       In Red Lake         Marbo 1       Red Lake         Mone       New State         Unit Letter       N : 990         Peet From The South       Line and 2310         Unit Letter       N : 990         Name of Authorized Transporter of Oil gr       or Condensate         Marge Intrasporter of Oil gr       or Condensate         Name of Authorized Transporter of Oil State       or Ordensate         Name of Authorized Transporter of Oil gr       or Condensate         Name of Authorized Transporter of Oil main       or Dray Dram <td>Lease No. </td>	Lease No. 
I.       PRORATION OFFICE       DEC 1 0 1975         Operator       Marbob Energy Corporation       D. C. C. C.         Address       ARTESIA, DFFIDE         Box 304, Artesia, N. M.       88210         Reason(s) for filing (Creck proper box)       New Weil         New Weil       Change in Transporter of:         Recompletion       Other (Please explain)         Change in Ownership give name       C & K Petroleum Inc., 607 Midlend Natl. Bank Bldg., Midland         II. Change of ownership give name       C & K Petroleum Inc., 607 Midlend Natl. Bank Bldg., Midland         II. DESCRIPTION OF WELL AND LEASE       Lease Name         Lease Name       1       Red Lake         State, Federal or Fee £/35       Location         Unit Letter       1       Red Lake         State, Federal or Fee £/35       Intege of ownership give name       Vest         Mult Letter       1       Red Lake       State, Federal or Fee £/35         Location       1       Red Lake       State, Federal or Fee £/35         Unit Letter       1       Red Condensate       NMPM,         Else State of Authorized Transporter of OIL T       T S Ringe       28 E NMPM,         Neme of Authorized Transporter of OIL T       Address (Give address to which approved copy of this form is to be <td>Lease No.</td>	Lease No.
Marbob Energy Corporation       D. E. S.         Address       ARTESIA, UPFICE         Box 304, Artesia, N. M.       88210         Reson(s) for filing (Check proper box)       Othange in Transporter 0):         New Well       Othange in Transporter 0):         Recompletion       Oil         Change in Ownership X       Condensate         Marge, Mullif & from # 2         If change of ownership is owner       C & K Petroleum Inc., 607 Midlend Nat1. Bank Bldg., Midland         II.       DESCRIPTION OF WELL AND LEASE         Lease Name       Well No.         Description       OF Well AND LEASE         Location       New State, Federal or Fee         Unit Letter       N : 990         Feet From The South       Line of Section         Distign Attion of TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of Oil P or Condensete         Neme of Authorized Transporter of Oil P or Dry Cons         Address / Give address to which approved copy of this form is to be         Neme of Authorized Transporter of Orsinghead Gas       or Dry Cons         Neme of Authorized Transporter of Orsinghead Gas       or Dry Cons         Mere of Authorized Transporter of Orsinghead Gas       or Dry Cons         Mere of Authorized Transporter of Orsinghead Gas       or Dr	Lease No.
Address       ARTESIA, DFFICE         Box 304, Artesia, N. M. 88210       Recson(s) for filing (Check proper box)         New Weil       Change in Transporter of:         Recompletion       Oil         Change in Ownership (X)       Castinghead Gas         Candensate       Mange, Midll M from * 2         If change of ownership give name and address of previous owner       C & K Petroleum Inc., 607 Midlland Nat1. Bank Bldg., Midlland         II.       DESCRIPTION OF WELL AND LEASE       Kind of Lease         Lease Name       Well No.       Pool Mane, Including Formation         Abo       1       Red Lake       State, Federal at Free         Location       Unit Letter       990       Feet From The South       Eddy         Unit Letter       990       Feet From The South       Eddy         II.       DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       NMPM,       Eddy         Name of Authorized Transporter of CII Record Gas       or Condensate       N. Streegan Ave., Artesia, N. M.         Name of Authorized Transporter of Craineheed Gas       or Dry Gas       is gas actually connected?         If this production is commingled with that from any other lease or pool.       give commingling order number:         IV.       COMPLETION DATA       N       27       17       S 28 <td>Lease No.</td>	Lease No.
Reson(s) for filing (Check proper box)       Change in Transporter of:       Other (Please explain)         New Well       Other (Please explain)       Other (Please explain)         New Well       Other (Please explain)       Other (Please explain)         New Well       Other (Please explain)       Other (Please explain)         Recompletion       Other (Please explain)       Other (Please explain)         If change in Ownership 2       Casinghead Gas       Condenate       Other (Please explain)         If change in Ownership 2       Casinghead Gas       Condenate       Other (Please explain)         If change of ownership 2       Casinghead Gas       Condenate       Other (Please explain)         If change of ownership 2       Casinghead Gas       Condenate       Other (Please explain)         If change of ownership 2       Casinghead Gas       Condenate       Other (Please explain)         II change of ownership 2       Casinghead Gas       Condenate       Other (Please explain)         II change of ownership 2       Net 2       Casinghead Gas       Condenate         II change of ownership 2       Net 2       Net 2       Casinghead Gas       Casinghead Gas         Unit Letter       N       990       Feet From The South       Case 2       Nest         Line of Section<	Lease No.
New Weil       Change in Transporter of:       Dil       Lry Gas       Change in Ownership       Change in Ownership       Casinghead Gas       Condensate       Change in Ownership       Manye       Kuell # from # 2         If change of ownership give name and address of previous owner       C & K Petroleum Inc., 607 Midland Natl. Bank Bldg., Midland         II. DESCRIPTION OF WELL AND LEASE       Ease Name       Well No.       Pool Name, Including Formation       Kind of Lease       State, Federal or Fee       Flass         Location       Unit Letter       N       990       Feet From The South       Line and       2310       Feet From The       West         Line of Section       27       Township       17       S       Range       28       NMPM,       Eddy         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Name of Authorized Transporter of Oil go or Condensate       Name of Authorized Transporter of Casinghead Gas       Address (Give address to which approved copy of this form is to be Naves of Authorized Transporter of Casinghead Gas       Is gas actually connected?       When         If well produces oil or liquids, give location of tarks.       N       27       17       S       28       It well are composited of tarks.       It well produces oil or liquids, N       27       17       S       28       It well produces oil or liquids, give location of tarks.	Lease No.
Change in Ownership X       Castrahead Gas       Condensate       Mange Well * from * 7*         If change of ownership give name and address of previous owner       C & K Petroleum Inc., 607 Midland Natl. Bank Bldg., Midland         II. DESCRIPTION OF WELL AND LEASE       If Red Lake       State, Federal or Fee       State, Federal or Fee       State, Federal or Fee       Fill         Lease Name       Well No.       Pool Name, Including Formation       Kind of Lease       State, Federal or Fee       Fill         Location       Unit Letter       N       : 990       Feet From The South       Line and       2310       Feet From The       West         Line of Section       27       Township       I7       S       Range       28       , NMPM,       Eddy         Nare of Authorized Transporter of Oil       20       or Condensate       Address (Give address to which approved copy of this form is to be         Nargio Crude Oil Purchasing       or Dry Date       Address (Give address to which approved copy of this form is to be         Nargio Crude Oil Purchasing       0 r Dry Date       Address (Give address to which approved copy of this form is to be         If well produces oil or liquids, give location of tanks.       N       27       17       S       28       1         If well produces oil or liquids, give location is commingled with that from any o	Lease No.
If change of ownership give name and address of previous owner       C & K Petroleum Inc., 607 Midland Natl. Bank Bldg., Midland         II. DESCRIPTION OF WELL AND LEASE	Lease No.
and address of previous owner <u>C &amp; K Fet Foldum InC.</u> , 007 Fildland Nati. Bank Bidg., Hidland I. DESCRIPTION OF WELL AND LEASE Lease Name <u>Well No.</u> Pool Name, Including Formation <u>Kind of Lease</u> State, Federal or Fee <u>E/35</u> Location Unit Letter <u>N</u> ; 990 Feet From The South Line and 2310 Feet From The <u>West</u> Line of Section 27 Township 17 S Range 28 E , NMPM, <u>Eddy</u> III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil <u>C</u> or Condensate <u>Navajo Crude 011 Purchasing</u> or Condensate <u>Address (Give address to which approved copy of this form is to be</u> Name of Authorized Transporter of Casinghead Gds or Dry Gas <u>Address (Give address to which approved copy of this form is to be</u> If well produces oil or liquids, <u>N 27</u> 17 S 28 <u>B</u> 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) <u>X</u> Date Spudded Date Compl. Ready to Prod. Total Depth Plag Back State Res <sup>1</sup> V. 2059.65 2050	Lease No.
Lease Name       Well No.       Pool Name, Including Formation       Kind of Lease       State, Federal or Fee       State, Federal or Fee       E/35         Location       Unit Letter       N       990       Feet From The South       Line and       2310       Feet From The       West         Line of Section       27       Township       17       S       Range       28       E       NMPM,       Eddy         III.       DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Name of Authorized Transporter of Oil Transporter of Casinghead Gas       or Condensate       Address (Give address to which approved copy of this form is to be         Name of Authorized Transporter of Casinghead Gas       or Dry Das       Address (Give address to which approved copy of this form is to be         Name of Authorized Transporter of Casinghead Gas       or Dry Das       Address (Give address to which approved copy of this form is to be         If well produces oil or liquids, qive location of tanks.       N       27       17       8       28       Image: Produce Completion         IV       COMPLETION DATA       N       27       17       8       28       Image: Produce Produce         Designate Type of Completion - (X)       X       Date Spudded       Date Compli. Ready to Prod.       Total Depth	County county e sent) e sent)
Abo       1       Red Lake       State, Federal or Fee       Feet From The       West         Line of Section       27       Township       17       S       Range       28       E       , NMPM,       Eddy         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Name of Authorized Transporter of OII       or Condensate       Address (Give address to which approved copy of this form is to be         Name of Authorized Transporter of OII       or Condensate       N. Freeman Ave., Artesia, N. M.         Name of Authorized Transporter of Casinghead Gas       or Dry Gas       Address (Give address to which approved copy of this form is to be         Name of Authorized Transporter of Casinghead Gas       or Dry Gas       Address (Give address to which approved copy of this form is to be         If well produces oil or liquids, qive location of tarks.       N       27       17       S       28       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       Oil Well       Gas Well       New Well       Werkover       Deepen       Plug Back       Same Res*v.         Date Spudded       Date Compl. Ready to Prod.       Total Depth       P	County county e sent) e sent)
Location       Unit Letter       N       990       Feet From The South       Line and       2310       Feet From The West         Line of Section       27       Township       17       S       Range       28       E       NMPM,       Eddy         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Name of Authorized Transporter of Oil Tomosporter of Condensate       Address (Give address to which approved copy of this form is to be Navajo Crude Oil Purchasing         Name of Authorized Transporter of Casinghead Gas       or Orby Gas       Address (Give address to which approved copy of this form is to be Navajo Crude Oil Purchasing         Name of Authorized Transporter of Casinghead Gas       or Dry Gas       Address (Give address to which approved copy of this form is to be Navajo Crude Oil Purchasing         Name of Authorized Transporter of Casinghead Gas       or Dry Gas       Is gas actually connected?       When         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       Plag Back       Same Res'v.         Designate Type of Completion - (X)       X       Total Depth       P.B.T.D.       P.B.T.D.	County e sent) e sent)
Line of Section       27       Township       17       S       Range       28       Eddy         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of Oil       or Condensate       Address (Give address to which approved copy of this form is to be         Name of Authorized Transporter of Oil       or Condensate       Address (Give address to which approved copy of this form is to be         Name of Authorized Transporter of Casinghead Gas       or Dry Gas       Address (Give address to which approved copy of this form is to be         If well produces oil or liquids, qive 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:       It workover       Designate Type of Completion - (X)       Oil Well       Gas Well       New Well       Workover       Despen       Plug Back       Same Restv.         Date Spudded       Date Compl. Ready to Prod.       Total Depth       P.B.T.D.       P.B.T.D.	e sent) e sent)
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of Oil regimer of Oi	e sent) e sent)
Name of Authorized Transporter of Oil x       or Condensate       Address (Give address to which approved copy of this form is to be         Name of Authorized Transporter of Casinghead Gas       or Dry Gas       Address (Give address to which approved copy of this form is to be         Name of Authorized Transporter of Casinghead Gas       or Dry Gas       Address (Give address to which approved copy of this form is to be         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:       It well       Completion - (X)       Oil Well       Gas Well       New Well       Workover       Deepen       Plug Back       Same Restv.         Date Spudded       Date Compl. Ready to Prod.       Total Depth       P.B.T.D.       2059.65       2050	e sent)
Name of Authorized Transporter of Oil x       or Condensate       Address (Give address to which approved copy of this form is to be         Name of Authorized Transporter of Casinghead Gas       or Dry Gas       Address (Give address to which approved copy of this form is to be         Name of Authorized Transporter of Casinghead Gas       or Dry Gas       Address (Give address to which approved copy of this form is to be         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:       It well       Completion - (X)       Oil Well       Gas Well       New Well       Workover       Deepen       Plug Back       Same Restv.         Date Spudded       Date Compl. Ready to Prod.       Total Depth       P.B.T.D.       2059.65       2050	e 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:       If this production is commingled with that from any other lease or pool, give commingling order number:       If this production is commingled with that from any other lease or pool, give commingling order number:         IV. COMPLETION DATA       Oil Well       Gcs Well       New Well       Workover       Deepen       Plug Back       Same Res*v.         Designate Type of Completion - (X)       X       Oil Well       Gcs Well       New Well       Workover       Deepen       Plug Back       Same Res*v.         Date Spudded       Date Compl. Ready to Prod.       Total Depth       P.B.T.D.       2050	
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:       If this production is commingled with that from any other lease or pool, give commingling order number:       If this production is commingled with that from any other lease or pool, give commingling order number:         IV. COMPLETION DATA       Oil Well       Gcs Well       New Well       Workover       Deepen       Plug Back       Same Res*v.         Designate Type of Completion - (X)       X       Oil Well       Gcs Well       New Well       Workover       Deepen       Plug Back       Same Res*v.         Date Spudded       Date Compl. Ready to Prod.       Total Depth       P.B.T.D.       2050	
If well produces on or inquids, give location of tanks.       N       27       17 S       28 E         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.         Date Spudded       Date Compl. Ready to Prod.       Total Depth       P.B.T.D.       2059.65       2050	Diff. Res'v.
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) Date Spudded Date Compl. Ready to Prod. Coll Well Cas Well New Well Workover Deepen Plug Back Same Res'v. P.B.T.D. 2059.65 2050	Diff. Restv.
IV. COMPLETION DATA           Designate Type of Completion (X)         Cil Well         Gcs Well         New Well         Workover         Deepen         Plug Back         Same Res'v.           Date Spudded         Date Compl. Ready to Prod.         Total Depth         P.B.T.D.         2059.65         2050	Diff. Res'v.
Designate Type of Completion (X)       X         Date Spudded       Date Compl. Ready to Prod.         Total Depth       P.B.T.D.         2059.65       2050	Diff. Res'v.
2059.65 2050	1
	<u>i.</u>
Elevations (DF, RKB, RT, GR, etc.; Name of Producing Formation Top Oil/Gas Pay Tubing Depth	
3677 G R Premier 2015	
Perforations Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMEN	т
2,000 ft 2" tbg 2,000 '	
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 excent able for this depth or be for full 24 hours)	ed top allow.
Date First New Oil Run To Tanks     Date of Test     Producing Method (Flow, pump, gas lift, etc.)       11/20/75     11/21/75     pump	
Length of Test         Tubing Pressure         Casing Pressure         Choke Size	
24 hrs     Actual Prod. During Test     Oil-Bbls.     Water-Bbls.     Gas-MCF	
1 bb1     1 bb1	
GAS WELL         Actual Prod. Test - MCF/D         Length of Test         Bbls. Condensate/MMCF         Gravity of Condensate	
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION	J
DEC 1 2 1975	
Commission have been complied with and that the information given	
above is true and complete to the best of my knowledge and bench.	<u></u>
TITLE <u>SUPERVISOR</u> , DISTRICT II	
Nowther for a newly drilled on this is a request for allowable for a newly drilled on the second sec	
(Signature) (Signa	
Agent All sections of this form must be filled out completely able on new and recompleted wells.	y for allow-
Dec. 9, 1975 Fill out only Sections I, II, and VI for changes	s of owner,
(Date) well name or number, or transporter, or other such change of Suparate Forms C-104 must be filed for each pool	