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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED BY
OCT 1 - 1985
O. C. D. REQUEST FOR ALLOWABLE
ARTESIA OFFICE AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Marbob Energy Corporation ✓

Address P.O. Drawer 217, Artesia, N.M. 88210

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas

Recompletion Casinghead Gas Condensate

Change in Ownership

(Change of ownership give name and address of previous owner) Layton Enterprises, Inc., 3103 79th Street, Lubbock, Texas 79423

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Forest Pool Unit</u>	Well No. <u>6</u>	Pool Name, including Formation <u>Square Lake G SA</u>	Kind of Lease State, Federal or Fee <u>Fed</u>	Lease No. <u>037777 (b)</u>
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Location
Unit Letter G : 2310 Feet From The North Line and 1650 Feet From The East

Line of Section 34 Township 16S Range 29E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Crude Oil Purchasing Co., Trucking</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Drawer 159, Artesia, N.M. 88210</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)

Does well produce oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>34</u>	Twp. <u>16S</u>	Rge. <u>29E</u>	Is gas actually connected? <u>No</u>	When
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If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Deviations (DF, RKB, RT, CR, 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
			<u>Post ID-3</u>
			<u>10-11-85</u>
			<u>CAG Op</u>

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 Tanks	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

TEST DATA FOR GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Carlynn Purcella
(Signature)
Production Clerk
(Title)
9/26/85
(Date)

OIL CONSERVATION DIVISION
OCT 8 1985

APPROVED _____, 19 _____

BY Mike Williams
Original Signed By
Oil & Gas Inspector

TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.