	-					- 7:			
Submit 5 Copies	En	erøy. Mir			w Mexico ral Resources Departi	nent		Form C- Revised	1-1-89
Appropriate Disuid Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240					TION DIVISI			See Inst at Bottor	n of Page
<u>DISTRICT II</u> P.O. Drawer DD, Anesia, NM 88210	0		Ρ.	.O. Bo	x 2088 xico 87504-2088				
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aziec, NM 87410	REQUE	EST FOF	R ALLO	WAB	LE AND AUTHOF	RIZATION			
I	TC	<u> D TRAN</u>	SPOR	<u>T CIL</u>	AND NATURAL C	BAS	PI No.		
Openior Marbob Energy Corpo	ration								
Address P. O. Drawer 217, A	Irtesia, N	VM 882	10						
Reason(s) for Filing (Check proper box) New Well	С	hange in Tr	ansporter (	of:	Change of		effecti	ve 8/1/8	39
Recompletion	Oil Casinghead (		ry Gas ondensate		-				
If change of operator give name (					0, Hobbs, NM	88240			
and address of previous operator II. DESCRIPTION OF WELL	AND LEAS	SE							ase No.
Lease Name	¥	Yell No.   Po			g Formation Trbg SA		f Lease Federal MXIXX		9406(B)
Grace Mitchell "B" Location						0 ·		ast	Line
Unit LetterH	. 1980	Fe	et From T	The <u>NC</u>	orth Line and 66	<u> </u>			
Section 5 Towns	hip 175	R	ange	<u>32E</u>	, NMPM,		Lea		County
III. DESIGNATION OF TRA	NSPORTER	OF OIL	AND N		AL GAS Address (Give address to	which approved	copy of this fo	rm is to be set	บ)
Name of Authorized Transporter of Oil WIW	نـــا 			]	Address (Give address to				
Name of Authorized Transporter of Casi	nghead Gas	or	r Dry Gas						
WIW If well produces oil or liquids, give location of tanks.	1	ĺ.	wp.		Is gas actually connected?	When	?		<u> </u>
f this production is commingled with that V. COMPLETION DATA	i from any other	lease or poo	ol, give con	miningli	ng order number:				-,
		Oil Well	Gas V	Well	New Well   Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion Date Spudded	Date Compl.	Date Compl. Ready to Prod.			Total Depth	<u>_</u>	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay		Tubing Dept	Tubing Depth	
Perforations							Depth Casing	Shoe	
	τι	JBING, C	ASING	AND	CEMENTING RECO	DRD	· · · · · · · · · · · · · · · · · · ·		
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT			
					······································				
		<u></u>							
V. TEST DATA AND REQUI	EST FOR AL	LOWAE	3LE Ioad oil ai	nd must	be equal to or exceed top of Denducing Method (Flaw	Wowable for thi	s depth or he f	or full 24 how	·s.)
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test				Producing Method (Flow,	pwnp, gas lift, e	(c.)		
Length of Test	Tubing Pressure				Casing Pressure		Cnoke Size		
	Oil - Bbls.						Gas- MCi <sup>2</sup>		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.				
	Oil - Bbls.				Water - Bbls.				
Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D	Oil - Bbls.	sl			Water - Bbls. Bbls. Condensate/MMCF		Gravity of C	ondensite	
GAS WELL Actual Prod. Test - MCF/D								ondensite	
GAS WELL Actual Prod. Test - MCF/D Testing Method (pilot, back pr.) VI. OPER ATOR CERTIFI	Length of Te Tubing Press	sure (Shut-in	LANCI		Bbls. Condensate/MMCF Casing Pressure (Shut-in)		Gravity of C Choke Size		 )N
GAS WELL Actual Prod. Test - MCF/D Testing Method (pilot, back pr.) VI. OPERATOR CERTIFI Theory corrify that the rules and reg	Length of Te Tubing Press CATE OF ( pulations of the O of that the inform	sure (Shut-in COMPL di Conserva ration-given	<u>IANCI</u> tion	  E	Bbls. Condensate/MMCF Casing Pressure (Shut-in)	) NSERV	Gravily of C Qioke Size ATION I	DIVISIO	)N
GAS WELL Actual Prod. Test - MCF/D Testing Method (pilot, back pr.) VI. OPER ATOR CERTIFI	Length of Te Tubing Press CATE OF ( pulations of the O of that the inform	sure (Shut-in COMPL di Conserva ration-given	<u>IANCI</u> tion	E	Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CC Date Approv		Gravity of C Gloke Size ATION I G M & 1	divisio <b>989</b>	)N
GAS WELL Actual Prod. Test - MCF/D Testing Method (pilot, back pr.) VI. OPERATOR CERTIFI Thereby certify that the rules and reg	Length of Te Tubing Press CATE OF ( pulations of the O of that the inform	sure (Shut-in COMPL di Conserva ration-given	<u>IANCI</u> tion	E	Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CC Date Approv		Gravity of C Gloke Size ATION I G De S 1 BY JERRY	DIVISIC 989 Sexton	)N
GAS WELL Actual Prod. Test - MCF/D [festing Method (pilot, back pr.) VI. OPERATOR CERTIFI 1 horby certify that the rules and reg Dylision have been complied with an istrue and complete to the best of m Monda Me Signature	Length of Te Tubing Press CATE OF ( pulations of the O od that the inform by knowledge and	sure (Shut-in COMPL )il Conserva nation-given I belief. tion (	IANCI tion above		Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CC Date Approv ORIGI By	NSERV	Gravity of C Choke Size ATION By JERRY SUPERVISO	DIVISIC 989 SEXTON R	)N
GAS WELL Actual Prod. Test - MCF/D Testing Method (picot, back pr.) VI. OPERATOR CERTIFI I horby certify that the rules and reg Dylision have been complied with an is true and complete to the best of m	Length of Te Tubing Press CATE OF ( pulations of the O od that the inform by knowledge and	Sure (Shut-in COMPL Dil Conserva nation-given I belief. tion ( 748-	LANCI tion above		Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CC Date Approv	NSERV	Gravity of C Choke Size ATION By JERRY SUPERVISO	DIVISIC 989 SEXTON R	)N

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Kequest for another for the y with Rule 111.
All sections of this form must be filled out for allowable on new and recompleted wells.
All sections of this form must be filled out for changes of operator, well name or number, transporter, or other such changes.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filled for each pool in multiply completed wells.