

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Marbob Energy Corporation

P.O. Drawer 217, Artesia, New Mexico 88210

Change in Ownership ☒ (Check proper box)

New Well ☐

Completion ☐

Change in Ownership ☒

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

Effective 1/1/87

Change of ownership give name

Conoco, Inc., P.O. Box 460, Hobbs, N.M. 88240

Address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Miller BX	3	Maljamar Grbg SA	State, Federal or Fee Fed.	061842

Location

Section Letter H ; 2030 Feet From The North Line and 660 Feet From The East

Line of Section 14 Township 17S Range 32E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Designate Approved Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)

WIW - SI

Designate Approved Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids, or production of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

If 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'v.	Diff. Res'v.
Reperforated								
Artificial (DF, RAB, RT, GR, etc.)								
Productions								

Date Compl. Ready to Prod.	Total Depth	P.B.T.D.

Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (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)

Test Method (Flow, pump, gas lift, etc.)	Date of Test	Producing Method (Flow, pump, gas lift, etc.)

Test Method (Flow, pump, gas lift, etc.)	Tubing Pressure	Casing Pressure	Choke Size

Test Method (Flow, pump, gas lift, etc.)	Oil - Bbls.	Water - Bbls.	Gas - MCF

AS WELL

Test Method (Flow, pump, gas lift, etc.)	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Test Method (Flow, pump, gas lift, etc.)	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 is true and complete to the best of my knowledge and belief.



Production Clerk

(Date)

1/22/87

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 28 1987, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

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 recompleted wells.

JAN 19 1987

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JAN 26 1987
RECEIVED
OFFICE