

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

Reason(s) for filing (Check proper box)

New Well ☐
Completion ☐
Change in Ownership ☒

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Effective 1/1/87

Change of ownership give name of previous owner Conoco, Inc., P.O. Box 460, Hobbs, N.M. 88240

DESCRIPTION OF WELL AND LEASE

| | | | | |
|-------------------------------|----------------------|---|--|------------------------------|
| Well Name <u>Miller BX</u> | Well No. <u>4</u> | Pool Name, including Formation <u>Maljamar Grbg SA</u> | Kind of Lease State, Federal or Fee <u>Fed.</u> | License No. <u>061842</u> |
|-------------------------------|----------------------|---|--|------------------------------|

Location
Section A : 660 Feet From The North Line and 660 Feet From The East

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

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|---|
| Designated Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texas-New Mexico Pipeline Co.</u> | Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2528, Hobbs, N.M. 88241</u> |
|--|---|

| | |
|---|--|
| Designated Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Conoco, Inc.</u> | Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 460, Hobbs, N.M. 88240</u> |
|---|--|

| | | | | | | |
|--|------------------|-------------------|--------------------|--------------------|--|------|
| Well produces oil or liquids, or combination of both. | Unit <u>I</u> | Sec. <u>14</u> | Twp. <u>17S</u> | Rge. <u>32E</u> | Is gas actually connected? <u>Yes</u> | 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. |
| Completed | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| Stimulus (DF, RAB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | | |
| Remarks | | | 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)

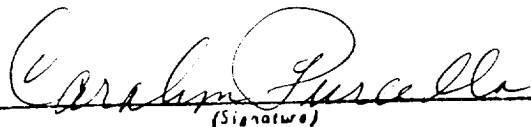
| | | | |
|------------------------------|-----------------|---|------------|
| Test at New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Test at Test | Tubing Pressure | Casing Pressure | Choke Size |
| Test Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |

AS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Test 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 |

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 herein is true and complete to the best of my knowledge and belief.


(Signature)

Production Clerk

(Title)

1/22/87

(Date)

OIL CONSERVATION DIVISION

JAN 28 1987

APPROVED _____, 19 _____

ORIGINAL SIGNED BY JERRY SEXTON

BY _____ DISTRICT 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.

RECEIVED
JAN 26 1987
OCD
HOBBS OFFICE