

MINERAL DEPARTMENT

REGISTRATION	
EXPLORATION	
FE	
OFFICE	
INSURANCE	
PRODUCTION	
REGISTRATION OFFICE	
REGISTRAR	

OIL CONSERVATION DIVISION  
P. O. BOX 2000  
SANTA FE, NEW MEXICO 87501

Revised 10-1-70

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Marbob Energy Corporation

Address P.O. Drawer 217, Artesia, New Mexico 88210	
Reason(s) for filing (Check proper box): New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership <input type="checkbox"/>	Other (Please explain) Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)
Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/>	Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE				
Lease Name Lynx "C" Federal	Well No. 2	Pool Name, including Formation Maljamar Grbg SA	Kind of Lease State, Federal or Fee Fed.	Lease No. NM-080258
Location Unit Letter <u>I</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>15</u> Township <u>17S</u> Range <u>32E</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, NM 88241					
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)					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 15	Twp. 17S	Rge. 32E	Is gas actually connected? NO	When

this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

COMPLETION DATA			
Designate Type of Completion - (X) XX	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input checked="" type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'tv. <input type="checkbox"/> Diff. Res'tv. <input type="checkbox"/>		
Date Spudded 7/15/88	Date Compl. Ready to Prod. 7/15/88	Total Depth 4142	P.B.T.D. 4142
Deviation (DF, RNU, RT, CR, etc.) 4033' DF	Name of Producing Formation Grbg SA	Top Oil/Gas Pay 3678	Tubing Depth 4107'
Perforations 3678-3801 <del>See attached</del> & 4064-4108 & 3906-3946	Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 11"	CASING & TUBING SIZE 7 5/8" 24#	DEPTH SET 295	SACKS CEMENT 200 sx -circ
6 3/4"	4 1/2" 11.6#	4150	650 sx (TOC @ 1530' by T.S.)
	2 3/8"	4107	

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)			
First New Oil Run To Tanks 7/15/88	Date of Test 7/16/88	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Total Prod. During Test 43	Oil - Bbls. 18	Water - Bbls. 25	Gas - MCF TSTM

S WELL			
Total 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 is true and complete to the best of my knowledge and belief.

Phonda Nelson  
(Signature)  
Production Clerk  
(Title)  
7/21/88  
(Date)

OIL CONSERVATION DIVISION  
AUG 04 '88

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_

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.