Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 83240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II P.O. Drawer DD, Anesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TR	ANSP	ORT O	LAND	NATURAL (	GAS	•				
Operator								Well API No.				
Marbob Energy Corpo	ration			···								
Address P. O. Drawer 217, A	rtacia	NM O	0210									
Reason(s) for Filing (Check proper box)	resia,	1414 0	0210		$\overline{X}$	Other (Please en	Noin) Eff	ective 8/	1/89	<del></del>		
Reason(s) for Filing (Check proper box)    X   Other (Please explain)   Effective 8/1/89												
Recompletion	on Oil Dry Gas						From State B #8					
Change in Operator X	Casinghead	d Gas 🗌	Conden	sate 🗌		To Leaker	"CC" #	8				
If change of operator give name and address of previous operator	Conoco,	Inc.,	P. C	Box	460. H	obbs, NM	88240					
								<del></del>	<del></del>			
II. DESCRIPTION OF WELL Lease Name	AND LEA		Bool Ni-	ma Inchy	ing Formati	^-	V:-	4 -61		N		
Leaker "CC" Well No. Pool Name, Include 8 Maljamar							Kind of Lease Lease N State, Frankor Fre B-2366		.ease No. 66			
Location			J					· · · · · · · · · · · · · · · · · · ·		<del></del>		
Unit Letter A	. 660	•	Feet Fro	om The T	lorth	tine and 66	0.	East Emm The	East	Line		
J. 2001.	·		_ 1 04 110	ми тис	,	Laine 4110		reet rioin the _		Line		
Section 16 Townshi	ip 17	7 <i>S</i>	Range	<i>32</i> E	<u> </u>	NMPM,		Lea		County		
DI DECICALATION OF TO A	icnonaer	OF O	TY 4 % TY	n attenut	D11 C1	C						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Oil or Condensate  Texas=New Mexico Pipeline Co. Planair						P - O - Box 2528, Hobbs, NM 88241						
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas					Address (Give address to which approved copy of this form is to be sent)							
Conoco, Inc.					1	Box 460,				,		
If well produces oil or liquids,	· · · · · · · · · · · · · · · · · · ·				Is gas actually connected? When			?				
give location of tanks.	H		17S	32E		es		N/A				
If this production is commingled with that IV. COMPLETION DATA	from any othe	rlease or	p∞ol, give	comming)	ling order ni	ımber.						
TY. COMPLETION DATA	<del></del>	Oil Weli		as Well	New We	II Workover	Dagnan	Plug Back	Cama Dasiu	Not David		
Designate Type of Completion	- (X)	]	0	43 11011	1104 110	i i i i i i i i i i i i i i i i i i i	Deepen	Ling Dack	Same Kes v	Diff Res'v		
Date Spudded Date Compl. Ready to Prod.			Prod.		Total Depth			P.B.T.D.				
							·					
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	xducing Fo	mation		Top Oil/G	as Pay		Tubing Depti	1			
Perforutions								Depth Casing Shoe				
								Depth Casting Shoe				
TUBING, CASING AND (					CEMENTING RECORD			<u>'</u>				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
V. TEST DATA AND REQUES	T FOR AI	LOWA	BLE									
OIL WELL (Test must be after re				l and mus	be equal to	or exceed top all	owable for th	is depth or be fo	r full 24 how	·s.)		
Date First New Oil Run To Tank Date of Test						Method (Flow, pi						
		<del> </del>						(5.1)				
Length of Test	Tubing Pressure			Casing Pressure			Choke Size	Choke Size				
Actual Prod. During Test	Prod. During Test Oil - Bbls.				Water - Bols			Gas- MCF				
GAS WELL						<del></del>	<del> </del>	_ <del>_</del>				
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate				
ting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size					
						<del></del>						
7. OPERATOR CERTIFICA				TE	ļ		ISERV	ATION D	1//1510	NI		
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above					OIL CONSERVATION DIVISION							
is true and complete to the best of my knowledge and belief.					Date Approved AUG 1- 3 1989							
$\mathcal{L}$ $\mathcal{L}$ $\mathcal{L}$ $\mathcal{L}$ $\mathcal{L}$ $\mathcal{L}$					ORIGINAL SIGNED BY JERRY SEXTON							
phonola / Ulson					By DISTRICT I SUPERVISOR							
Signature Rhonda Nelson	Product	ion c	lork		l par-				<del></del>			
Printed Name	LEVAUUL		<i>lerk_</i> Ti⊔c		T:+1-	,						
7/31/89		748	-3303		11116	)						
Date		Teleph	none No.									

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.