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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

Santa Fe, New Mexico 87504-2088

* .	REC						AUTHOF		٧			
I. Operator		TOTE	IANS	SPOR	ГО	IL AND N	ATURAL C		II API No.			
Marbob Energy Corp			30-025-00577									
Address P. O. Drawer 217, Artesia, NM 88210							· · · · ·					
		, NM	8821	10			han /D/2000 and	-1-:-1				
Reason(s) for Filing (Check proper bo	t)	Desig	nat nat	e nsporter o	of:		het (Please exp	otain)				
Recompletion	Oil		Dŋ			,		,			,	
Change in Operator	Casingh	ead Gas	Cor	ndensate		Con	nest F	242m =	Injection	~ well	To pride	
If change of operator give name and address of previous operator						······	0		<i>y</i>			
II. DESCRIPTION OF WEL	L AND LI	EASE									•	
Lease Name	lame Well No. Pool Name, Inclu								d of Lease			
Edward State	· · · · · · · · · · · · · · · · · · ·					Grbg SA			e, Projemkyryfyre	F-611		
Location Unit Letter $\frac{L}{L}$. 172	20.	F	. r m		South		o ·	F. A.F 791 . 747	oct	• •	
Out Letter			_ ree	t From 1	ne <u>_</u> _	,000.11	ie and	<u></u>	Feet From The W	-5	Line	
Section 16 Township 17S Range 32						E , NMPM,			Lea County			
III. DESIGNATION OF TRA	NSPORT	ER OF C	MI. A	ND N	ATI	IRAL GAS						
Name of Authorized Transporter of Oil A or Condensate						Address (Give address to which approved copy of this form is to be sent)						
Navajo Refining Co.									sia, NM 88210			
Name of Authorized Transporter of Casinghead Gas or Dry Gas						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	Sec.	Twp	p.	Rge.	Is gas actually connected?		Who	When ?			
f this production is commingled with the		<u> </u>				<u> </u>	h	I				
IV. COMPLETION DATA	at from any or	nici lease of	poor,	give con	atnu8	ing order num					· · · · · · · · · · · · · · · · · · ·	
Desirents Time of Completion	- 00	Oil Wel	1	Gas W	eli	New Well	Workover	Deepen	Plug Back Si	une Res'v	Diff Res'v	
Designate Type of Completion Date Spudded		ipl. Ready t	o Prod	·····		Total Depth	<u> </u>	<u>.l</u>	1,000		<u> </u>	
Date Spaces	Date Con.	ipi. Keady o	0 1 100	•		l com Dopa.			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay			Tubing Depth			
Perforations						<u> </u>			Depth Casing Shoe			
				•							,	
					ND	CEMENTI	NG RECOR		.,			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE						DEPTH SET	·	SAC	SACKS CEMENT		
												
. TEST DATA AND REQUI	ST FOR	II OW	ARI	<u>F</u>		L						
					must	be equal to or	exceed top allo	owable for th	is depth or be for j	full 24 hours	s.)	
Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)						
and af Test	Tuking De					Casing Pressu			Choke Size			
ength of Test	luoing Pre	Tubing Pressure				Casing 1 (Case			Gastas Gias			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF	Gas- MCF			
								•				
GAS WELL						Bbls, Condens	-10A/A/CE		Gravity of Cond			
ictual Prod. Test - MCF/D	Length of Test				Bois, Condens	ale/MIMICF		Clavity of Code	Clavity of Collocusate			
esting Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
I. OPERATOR CERTIFIC				NCE	. [II CON	SERV	ATION DI	VISIO	V	
I hereby certify that the rules and regularisipn have been complied with and	lations of the that the infor	Oil Conserv mation give	auon n abov	ve							•	
is true and complete to the best of my	knowledge an	d belief.				Date	Approved	d				
Whada Milliam)												
Signature					-	By						
Rhonda Nelson	Produc	ction		rk	-							
Printed Name 12/4/91			Tide 1–33	03		Title_						
Date			hone l		-							

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.