

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

Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Marbob Energy Corporation

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

Type of Completion (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	Effective 1/1/87	
Completion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

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

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Miller B	1	Maljamar Grbg SA	State, Federal or Fee Fed.	058698(b)
Section A : 660 Feet From The North Line and 660 Feet From The East				
Section 23	Township 17S	Range 32E	NMPM, Lea	County

TRANSPORTER OF OIL AND NATURAL GAS

Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipeline Co.	P.O. Box 2528, Hobbs, N.M. 88241
Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Conoco, Inc.	P.O. Box 460, Hobbs, N.M. 88240
Is gas actually connected? When	
Yes	

If this well is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Complete Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Completed	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

TESTS 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)

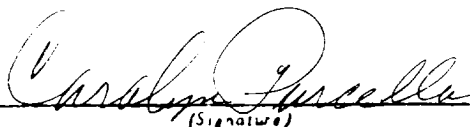
Test Name (Flow, Pump, Gas Lift, etc.)	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Test	Tubing Pressure	Casing Pressure	Choke Size
Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

WELL

Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Test Method (shot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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

(Title)

1/22/87

(Date)

OIL CONSERVATION DIVISION

APPROVED 4-13-1987, 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 completed wells.