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FILE

U.S.U.

LAND OFFICE

TRANSPORTER

OPERATION

PRODUCTION OFFICE

Operator

Oil

Gas

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)

Other (Please explain)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Coalhead Gas

Dry Gas

Condensate

Effective: July 1, 1988

Change of ownership give name and address of previous owner

Conoco, Inc., P. O. Box 460, Hobbs, NM 88240

Description of Well and Lease

Well Name

Well No.

Pool Name, including Formation

Kind of Lease

Lease No.

Pearsall "AX"

3

Pearsall Queen

State, Federal or Fee Fed.

LC-029409-A

Location

Unit Letter

Feet From The

Line and

Feet From The

N

660

South

1980

West

Line of Section

Township

Range

NMPM,

Lea

County

33

17S

32E

Designation of Transporter of Oil, and Natural Gas

Name of Authorized Transporter of Oil

or Condensate

Address (Give address to which approved copy of this form is to be sent)

SI

Name of Authorized Transporter of Casinghead Gas

or Dry Gas

Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids, give location of tanks.

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

When

M

33

17S

32E

This 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.

Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Observations (DF, RKN, RT, GR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Observations

Depth Casing Shoe

Tubing, Casing, and Cementing Record

Hole Size

Casing & Tubing Size

Depth Set

Sacks Cement

Well Test Data and Request for Allowable

Well

First New Oil Run To Tanks

Date of Test

Producing Method (Flow, pump, gas lift, etc.)

Length of Test

Tubing Pressure

Casing Pressure

Choke Size

Oil Prod. During Test

Oil-Bbls.

Water-Bbls.

Gas-MCF

Well Test

Oil 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

by 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.

Signature

Production Clerk

Date

Oil Conservation Division

Approved

Original Signed by Jerry Sexton

District I Supervisor

Title

This form is to be filed in compliance with NULE 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 NULE 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.