

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Marbob Energy Corporation

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

Reasons for filing (Check proper box)

New Well ☐  
Recompletion ☐  
Change in Ownership ☒

Change in Transporter of:

Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Effective 1/1/87

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 <u>Pearsall BX</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Pearsall Queen</u>	Kind of Lease State, Federal or Free <u>Fed.</u>	Lease No. <u>058514</u>
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Location  
Full Letter H : 1345 Feet From The North Line and 1295 Feet From The East  
Line of Section 34 Township 17S Range 32E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Is Well Approved Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texas-New Mexico Pipeline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2528, Hobbs, N.M. 88241</u>
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Is Well Approved 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)
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Well produces oil or liquids, or location of tanks.	Unit <u>H</u>	Sec. <u>34</u>	Twp. <u>17S</u>	Rge. <u>29E</u>	Is gas actually connected? <u>No</u>	When
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If 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.
Completed	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Conditions (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Conditions			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

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

AS WELL

Test Method (Flow, pump, gas lift, etc.)	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Test Method (Flow, pump, gas lift, etc.)	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.

Carolyn Pearsall  
(Signature)

Production Clerk

(Title)

1/22/87

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 28 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.

RECEIVED  
JAN 26 1987  
OCD  
HOBS OFFICE