Submit 5 Copies
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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

BEOLIEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	O TRA	NSF	PORT OIL	AND NA	TURAL GA	\S				
Operator							Well API No.				
Marbob Energy Corpo	ration										
Address P. O. Drawer 217, A.	rtesia,	NM 8	8210)							
Reason(s) for Filing (Check proper box)						ner (Please expla		Ctato D 1	to Potri	,e D	
New Well				porter of:		ame chang ffective		Stale D	.o recia	1.5 D	
Recompletion	Oil Casinghead		Dry (E.	LIECLIVE	1) 1/30				
Change in Operator X If change of operator give name Pet					2377 Me	rit Drive	. Suite	1600, Da	allas, 1	'X 75251	
and address of previous operator	rus Ull	Compa	119,	Д.Е., 1	2377 110.	LIC DILYG	,				
II. DESCRIPTION OF WELL	AND LEA	SE	,				Vind	of Lease	14	ease No.	
Lease Name	Well No. Pool Name, including				1			State, Forders kor Forex 2516-B			
Petrus D		3	Ma_	ijamai G	IDG SA						
Location Unit Letter I	_:1980		_ Feel	From The _S	outh Li	ne and66	0 Fe	et From The	East	Line	
Section 10 Townsh	ip 175		Rang	ge 3	<i>3E</i> , N	мрм,		Lea		County	
III. DESIGNATION OF TRAN	SPORTER	OF O	IL A	ND NATU	RAL GAS			Languaret et la fa	em ie to he ee	ent)	
Name of Authorized Transporter of Oil	[X]	or Conder	sate		Aum cos (O)	TE CALLES TO THE				·•·/	
Navajo Refining Com	pany		~ n	ry Cas 🗔	P. O.	Drawer 15 ve address 10 wh	<u>y, Arte</u> ωch approv e α	51a, NM loppy of this fo	_00/1U rm is 10 be se	nt)	
Name of Authorized Transporter of Casin	ighead Gas	GDAA 4	or Di	Corneral-	400	ECTIVE: Fel enbrook,	odessa ,	1 992 737	62		
Navajo Refining Company ame of Authorized Transporter of Casinghead Gas X or Dry Gas Phillips 66 Natural Gas Co. GPM Gas Corporatio well produces oil or liquids, Unit Sec. Twp. Rge.					Is gas actually connected? When?						
give location of tanks.	io i	11	17.		Yes		722				
If this production is commingled with that	from any othe	r lease or	pool,	give commingl	ing order nun	nber: PC-	/33				
IV. COMPLETION DATA		Oil Well		Gas Well	New Well		Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	j Oil Weil	· ;	043		<u> </u>	<u>i. </u>	<u> </u>			
Date Spudded	Date Compl	. Ready to	o Prod		Total Depth			P.B.T.D.			
•					Top Oil/Gas Pay			Tubing Depth			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation											
Perforations	J				1			Depth Casing	Shoe		
1 CITOL AGOILS											
	TUBING, CASING AND				CEMENT	DEPTH SET			SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE				DEFINSE						
					 						
	 										
·											
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR A	LLOW	ABL	E	و ما المسلم الما	exceed top all	owabie for th	is depth or be f	or full 24 hou	urs.)	
OIL WELL (Test must be after	recovery of lot	al volume	of loa	id oil and musi	Producing N	Method (Flow, p	ump, gas lift.	etc.)			
Date First New Oil Run To Tank	Date of Test										
Length of Test	Tubing Pres	Tubing Pressure				Casing Pressure			Choke Size		
Lough vi Tee					Water - Bbl	· · · · · · · · · · · · · · · · · · ·		Gas- MCF			
Actual Prod. During Test	Oil - Fibls.				110,01 - 3000						
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Acinal Prod. 1681 - IVICETO								Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Close 5:55			
VI. OPERATOR CERTIFIC	CATE OF	COM	PLL	ANCE		OIL CON	JSERV	'ATION	DIVISIO	NC	
the rules and reg	ulations of the	Oil Conse	ervalion	n			10L114	IANI	0 4 199	ın	
Division have been complied with an is the and complete to the best of my	d that the infor	mauon gi	ven ao	ove	Dat	e Approve	hd	JAN	J 4 134		
is true and complete to the best of my	1)			Dal	e whhinge					
Thomas n	WSor				∥ By.	∩ pi/	SINAL SIG	NED BY JES	RY SEXTO	N	
Signature	Dwa J.		<i>C</i> 1	ork				T I SUPERV			
Rhonda Nelson	Produc	LLOII	Title		Title	e					
Printed Name 1/3/90			48-3								
Date		Te	lephon	ie No.		the second contracts	9 1 1 mg 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a love section in the best	. * #0.00 CHEST	क्षेत्रद्व राष्ट्राची पर हात्स्य	

and the second street representative of the special of the Contract of the second second second second second

- 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
- 2) All sections of this form must be filled out for allowable on new and recompleted wells. with Rule 111.
- 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.