

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

Check proper box

Well ☐
Completion ☐
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 Miller B	Well No. 2	Pool Name, including Formation Maljamar Grbg SA	Kind of Lease State, Federal or Fee Fed.	Lease No. 058698(b)
Section Letter B : 660 Feet From The North Line and 1980 Feet From The East				
Section 23 Township 17S Range 32E, NMPM, Lea County				

TRANSPORTER OF OIL AND NATURAL GAS

Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> SI	Address (Give address to which approved copy of this form is to be sent)	
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)	
Is gas actually connected?	When	

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

COMINGLING 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.					
Producing Method, NAB, AT, CR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing 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)

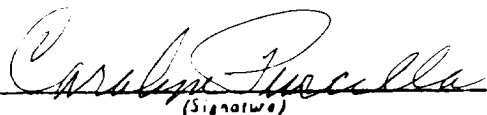
Well No. - Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Test Method	Tubing Pressure	Casing Pressure	Choke Size
Test Method During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

WELL

Test Method - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Test Method (Shut-in, back pt.)	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 herein is true and complete to the best of my knowledge and belief.



Production Clerk

(Title)

1/22/87

(Date)

OIL CONSERVATION DIVISION

APPROVED  19

BY ORIGINAL SIGNED BY JEFFERY 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.

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