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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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. Operator		10 110	101 0	2, 1, 01	- / (1/2 / 1/)		Well	API No.	- 7./.		
Marbob Energy Corporation								30-025-24725			
Address		3724	0240								
P. O. Drawer 217, A.	rtesia,	NM 8	8210		Oth	er (Please expl	ain)				
Reason(s) for Filing (Check proper box)	,			İ							
New Well  Recompletion	Oit	Change in $X$	Dry Gas								
Change in Operator		ad Gas 🔲	-								
If change of operator give name											
and address of previous operator											
II. DESCRIPTION OF WELL	ng Formation		Kind	of Lease No.							
Lease I valle					Grbg SA		State,	Federal mxFmx	Federal ox From LC-058514		
Location		1	1								
Unit Letter A	. 460		Feet Fro	om The _N	Orth Lin	e and86	60 Fe	et From The	East	Line	
Omi Letter	_ •				-	_			<b>~</b>		
Section 34 Townsh	p 17S		Range	32E	, N	мрм,		Lea		County	
THE STATE OF THE A	renonve	ים אף עי	ti ani	n Natii	RAL GAS						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	(SPORTE	or Conden	isate		Address (Give address to which approved copy of this form is to be sent)						
Texas-New Mexico P.	1 1	Co.			P. O. Box 2528, HObbs, NM 88240						
Name of Authorized Transporter of Casin	ghead Gas		or Dry	Gas	Address (Giv	ve address 10 w	hich approved	copy of this form	is so be se	ਪ)	
	<del></del>			<del>,</del> _	17		When	When?			
If well produces oil or liquids, give location of tanks.	Unit I A	S∞.   34	Twp.	Rge.   32E	Is gas actual	Is gas actually connected? When					
give occasion of tatas.  If this production is commingled with that	1	1	<u> </u>		ling order num	ber:	<del></del>				
If this production is comminged with that IV. COMPLETION DATA	nom any on	ner rease or	poor, gar.							_,	
		Oil Well	C	Gas Well	New Well	Workover	Deepen	Plug Back  Sa	me Res'v	Diff Res'v	
Designate Type of Completion	- (X)				Total Depth	<u></u>		P.B.T.D.		_l	
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depair			1.5.1.5.			
TOS DES DE CO	Flevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Pay		Tubing Depth	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation											
Performions		<del></del>						Depth Casing S	hoe		
			•		CTTL CTL TTT	NO DECOI	<u> </u>	.			
	TUBING, CASING AND				CEMENTI	DEPTH SET	<u> </u>	SAG	SACKS CEMENT		
HOLE SIZE	CA	CASING & TUBING SIZE				DET THISE!					
	<del></del>							<u> </u>	<del></del>		
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR	ALLOW	ABLE	. 11	the equal to o	e exceed ton al	lowable for th	is depth or be for	full 24 how	·s.)	
OIL WELL (Test must be after	Date of To	otal volume	oj toda d	ou ana musi	Producing M	lethod (Flow, p	ump, gas lift,	etc.)			
Date First New Oil Run To Tank	Date of 1	esi									
Length of Test	Tubing Pr	ressure			Casing Press	ure		Choke Size			
					771			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls	<b>.</b>	,				
								_!			
GAS WELL					Dhie Conde	nsate/MMCF		Gravity of Con	densate		
Actual Prod. Test - MCF/D	Length of	Test			Buis. Conde						
Tubing Pressure (Shut-in)				Casing Press	ure (Shut-in)		Choke Size				
Testing Method (pitot, back pr.)											
VI. OPERATOR CERTIFIC	ATE O	F COMI	PLIAN	ICE			JOEBY	ATION D	NISIC	M	
I hereby certify that the rules and regu	lations of the	e Oil Conser	vation			OIL COI	10EU 1	AHOND	IVIOIC		
Division have been complied with and that the information given above					EED U 0 1088						
is true and complete to the pest of my knowledge and belief.					Date Approved FEB 0 2 1990						
John da Milson					By						
Signature		·			∥ <sub>R</sub> A−		DISTRICT	-SUFER-/ISOF	<del></del>		
Rhonda Nelson	Produ	uction	<u>Cler</u> Title	<u>k</u>				,			
Printed Name 1/31/90		74	8-330	0.3	I ITIE						
7/37/90 Date	· · · · · · · · · · · · · · · · · · ·	Tel	ephone N	₩o.				an interest in the self-transmiss		Carried Branch	

The age is the second and analysis to be the second to the second field and the second second in the second second in the 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 with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 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.

Submit 5 Copies
Appropriate District Office
DISTRICT |
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Santa Fe, New Mexico 87504-2088

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

I.

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Openior  Marbob Energy Corpor	cation				Well 2	30-03	25-20	4725	
Address P. O. Drawer 217, Ar		8210							
Reason(s) for Filing (Check proper box)  New Well  Recompletion	Design Shaka	nate Transporter of: Dry Gas	Oth	er (Please explo	nin)				
Change in Operator	Casinghead Gas	Condensate							
If change of operator give name and address of previous operator									
II. DESCRIPTION OF WELL	AND LEASE						1.	ase No.	
Lease Name	Well No.	Pool Name, Includi				of Lease Federal OFFACY	LC-05	į	
Pearsall "BX"	3	Maljamar	GIDG SA				110 05	03/4	
Location Unit LetterA	: 460	Feet From The N	orth Lin	e and <u>860</u>	Fo	et From The	East	Line	
Section 34 Townshi	p 17S	Range 32E	, N	мрм,	Le	ea		County	
III. DESIGNATION OF TRAN	ISPORTER OF O	II. AND NATU	RAL GAS						
Name of Authorized Transporter of Oil	Address (Give dawess to which approved copy of the joint a								
Conoco, Inc. Surta	ce Truns	<u> </u>	P. O. Box 460, Hobbs, NM 88240  Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casing		or Dry Gas	Address (Giv	e address to wh	hich approved	l copy of this form	is to be ser	u)	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.   Rgc.   175   32E	Is gas actual	y connected?	When	?			
If this production is commingled with that IV. COMPLETION DATA	from any other lease or	pool, give comming	ling order num	ber:					
Designate Type of Completion	Oil Well	Gas Well	New Well	Workover	Decpen	Plug Back   Sa	me Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to	Prod.	Total Depth	1	1	P.B.T.D.		1	
Elevations (DF, RKB, RT, GR, etc.)	Flevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Tubing Depth			
			<u></u>			Depth Casing Shoe			
Perforations		•							
		CASING AND	CEMENTI		D	D46	NO CEME	NIT	
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET		SAL	SACKS CEMENT		
V. TEST DATA AND REQUES	ST FOR ALLOW A recovery of total volume	ABLE	he equal to as	exceed ton allo	owable for thi	s depth or be for	full 24 hour	s.)	
OIL WELL (Test must be after r.  Date First New Oil Run To Tank	Date of Test	o) toda on und must	Producing M	ethod (Flow, pu	ump, gas lift, i	etc.)			
Date First New Oil Kun 10 1am	Date of You					TC -1: Circ			
Length of Test	Tubing Pressure		Casing Press	ште		Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas- MCF			
The same of the sa						<u></u>			
	AS WELL cual Prod. Test - MCF/D Length of Test			sate/MMCF		Gravity of Condensate			
Actual Float Test - Mel/2						Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut	-in)	Casing Press	ure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC	ATE OF COMP	LIANCE		DIL CON	SERV.	ATION D	IVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above									
is the and complete to the best of my	Date ApprovedJAN 3 0 1990								
thousa Mil	∥ By_			IAL <b>SIGNED</b> B					
Signature Rhonda Nelson									
Printed Name	7.1	Tide 8-3303	Title						
1/26/90		phone No.			-	in the second second second			
Date		•							

Land Bull and the control of the con INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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