

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 ☐ Change in Transporter of:
Completion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ 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 Pearsall BX	Well No. 3	Pool Name, Including Formation Maljamar Grbg SA	Kind of Lease State, Federal or Fed. Fed.	Lease No. 058514
Location Unit Letter A : 460 Feet From The North Line and 860 Feet From The East				
Line of Section 34 Township 17S Range 32E, NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized 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)	
Name of Authorized 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)	
Well produces oil or liquids, or location of tanks.	Unit	Sec. Twp. Rge.

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.
Desired	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Conditions (DF, RAH, 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)

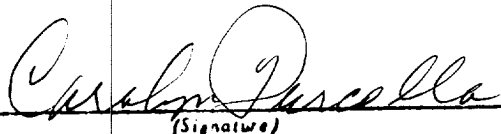
Desired New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Date of Test	Tubing Pressure	Casing Pressure	Choke Size
Prod. Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

AS WELL

Desired 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

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 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 1997
OCD
JOBS OFFICE