

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Marbob Energy Corporation		Well API No. 30-025-30696
Address P. O. Drawer 217, Artesia, NM 88210		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		<input type="checkbox"/> Other (Please explain) Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pearsall BX	Well No. 4	Pool Name, Including Formation Maljamar Grbg SA	Kind of Lease State, Federal, or Foreign	Lease No. LC-058514
Location Unit Letter A : 330 Feet From The North Line and 330 Feet From The East Line Section 34 Township 17S Range 32E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Co. Cincinny, Mo	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, NM 88240					
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)					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 34	Twp. 17S	Rge. 32E	Is gas actually connected? No	When ?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/23/89	Date Compl. Ready to Prod. 11/20/89		Total Depth 4712'		P.B.T.D. 4640'			
Elevations (DF, RKB, RT, GR, etc.) 3949.0' GR	Name of Producing Formation Grbg SA		Top Oil/Gas Pay 4292'		Tubing Depth 4425'			
Perforations 4292-4395' See Attached.					Depth Casing Shoe 4697.92'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		1288'		800 sx			
7 7/8"	5 1/2"		4697.92'		1300 sx			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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.)

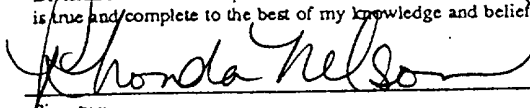
Date First New Oil Run To Tank 11/20/89	Date of Test 11/21/89	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 80	Water - Bbls. load wtr	Gas- MCF TSTM

GAS WELL

Actual 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

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.


Signature
Rhonda Nelson Production Clerk
Printed Name
11/22/89 Title
748-3303
Date
Telephone No.

OIL CONSERVATION DIVISION

NOV 29 1989

Date Approved _____
By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR
Title _____

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.

MARBOB ENERGY CORPORATION

Pearsall BX #4

Perforation & Treatment

Perfs 4292-4308 (16 shots) 1HPF

4374, 75, 76, 81, 82, 90, 91, 95, 4548, 51, 55, 56, 66, 68, 81, 83, 93, 95

Acid perfs 4548-95 w/1000 gals 15% NE ac, swb 100% wtr, set SV rtnr @ 4510'
& Sqd w/100 sx Class C Neat.

PBTD @ 4510'

Acid perfs 4374-95 w/1000 gals 15% NE ac, frac w/40,000 gals 40# gel & 250 sx
20/40 150 sx 12/20.

Acid perfs 4292-4308 w/1000 gals 15% NE ac, frac w/20,000 gals oil & 115 sx
20/40 65 sx 12/20

RECEIVED

NOV 28 1965

OCD
HOBBS OFFICE