					-		~											
District I PO Box 1980, Hob	E	State of New Mexico Enc.,, Minerals & Natural Resources Department							t	Form C-10 Revised February 10, 199								
District II PO Drawer DD, Artesia, NM 88211-0719 District III										VATION DIVISION Box 2088				Instructions on bac Submit to Appropriate District Offic 5 Copie				
1000 Rio Brazos Rd., Aztec, NM 87410 District IV					Santa Fe, NM 87504-2088								AMENDED REPORT					
PO Box 2088, Sant I.	ta Fe, NM			ST FO	RA	LLO	WAR	LE A	ND A	UTHO	RI7	7.А.ТТ	ON TO TR					
	10	perator na	me an	d Addre	SS						2 OGRID Number							
MARBOB ENERGY CORP 324 West Main								RATION					014049 ³ Reason for Filing Code					
	tesia	cesia, New Mexico 88									NOV - 1 1995							
4 API Number										5 Pool Name					⁶ Pool Code			
30-025-24869 ⁷ Property Code					LUSK DELAN 8 Property						IWARE, WEST				41540 9 Well Number			
<u></u> <u>009117</u> 17817 II. [™] Surface Location					LUSK DE					DEEP UNIT A				12				
II. UL or lot no.	Surfa		ocatic		Pe	Lot. Id	In I	Feet fro	m the	North/S	outh I	ine I F	Feet from the	Fort/1	/a m 1	0		
G	20 195			3	32E			16	N	NORTH		2300		East/West line County EAST LEA				
11	Botto			ocation									· · · · · · · · · · · · · · · · · · ·					
UL or lot no. G	no. Section Township 20 19S			Range Lot. Idn 32E		in	Feet from the 1660		North/South Line			Feet from the 2300		East/West line County EAST LEA				
¹² Lse Code		ucing	Method			onnectio	on Date			rmit Numb			C-129 Effective I			29 Expiration Date		
F III. Oil an	d Gas	F Tra		ters														
18 Transporter OGRID		sporter Name				20 POD 21 O/G			G	22 POD ULSTR Location								
022628 TEXAS NEW MEXICO PIPI							ELINE			2086810 0			and Description UNIT J, SEC. 20, T19S, R32E					
P.O. BOX 2528 HOBBS, NM 88240													TANK BATTERY					
009171			2086830 G				UNIT J, SE	C. 2	0, TI	9S, R32E								
				ROOK S (797									TANK BÁTTI	ERY				
- 1947, 17.		**									******							
IV Decder																		
IV. Produce 23 POD		ater	·				<u>.</u>	24 PC	OD ULS	TR Locatio	on and	Descri	ption					
20868			UNIT	J, 195	5, 3	2E, 2	20 TA	NK B1	Υ									
V. Well Co ²⁵ Spud D	omplei	tion	Data 2	6 Ready D	Date			27]				28 p	PBTD		29 Des	forations		
³⁰ Hole Sie				21.0														
-~ Hole Sie				310	³¹ Casing & Tubing Size				³² Depth Set				³³ Sacks Cement					
								<u></u>						<u></u>				
												· · ·						
														·				
VI. Well T ³⁴ Date New (YI. Well Test Data ³⁴ Date New Oil ³⁵ Gas Deliver			ery Date	y Date ³⁶ Test Date				³⁷ Test L			31	³⁸ Tbg. Pressure		³⁹ Csg. Pressure			
⁴⁰ Choke Size	⁴⁰ Choke Size ⁴¹ Oil				42 Water				⁴³ Gas				⁴⁴ AOF		⁴⁵ Test Method			
⁴⁶ I hereby certify complied with and	y that the i	rules o	of the Oil	Conservation above	tion D	ivision h	ave beer	•		()IL (CONS	ERVATION	DIVIS	ION			
the best of my kno Signature:	ief.	L.	5 1140		piece w		Approved by: ORIGINAL SIGNED BY JERRY SEXTON											
Printed name:	<u> </u>		Ti	DISTRICT I SUPERVISOR Title:														
Title:									Approval Date:									
Date:	RESID		1005	Phone:				_ 	Approval Date: COT 2 4 1205									
⁴⁷ If this is a cha	nge of op			OGRID	numbe	r and na	nue of th	e previo	US ODEFAI	lor			•					
				r Signatur					ROLEL	JM CO.						~		
	M	<u>Sz</u>	all all		~					ed Name SMIT	H		ATTORNEY-	Title IN-FA	АСТ :	Date 10/16/95		

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F THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT.

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

المرجعي المارية أجرام معرد ومنطق أواجا موجودتهم ومع

A request for ellowable for a newly dilled or despends well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

An eactions of this form must be filled out for allowable requests on new and recompleted walls.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- ٩. Operator's name and address
- Operator's OGRID number. If you do not have one it will be essigned and filled in by the District office. 2.

3.

- Reason for filing code from the following table: NW New Well RC Recompision CH Change of Operator AO Add al/condensate transporter CO Change al/condensate transporter AG Add ges transporter CG Change ges transporter RT Request for test allowable (include volume requested) request for test allowable (include vo requested) If for any other reason write that reason in this box.
- 4.
- The API number of this well
- The name of the pool for this completion 6
- . The peak ands for this pool
- 7. The property code for this completion
- ۲. The property name (well name) for this completion
- 9. The well number for this completion
- The surface function of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box, Otherwise use the OCD with failer. 15.
- 11. The bottom hole location of this completion
- Lease code from the following table: 12

 - 8 P

 - Federal State Fee Jicarilla Navajo Ute Mountein Ute Other Indian Tribe ŇU
- 13. The producing method code from the following table: Flowing Pumping or other artificial lift Ş.
- MO/DA/YR that this campletion was first connected to a gas transporter 14.
- The permit number from the District approved C-12B for 15.
- MO/DA/VR of the C-129 approval for this completion 18.
- MO/DA/YR of the expiration of C-129 approval for this completion 17.
- 18, The gas or oil transporter's DGRID number
- Name and address of the transporter of the product 18.
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompision and this POD has no number the district office will assign a number and write it here. 20.
- 21. Product code from the following tabl Oil Ges
 - 00

- T^{*} = ULSTR location of this POD II it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jonae CPD", etc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recomplation and this POD has no number the district office will assign a number and write it here. 23.
- The ULBTR location of this POD H is different from the well completion location and a short description of the POD (Example: "Battery & Water Tank", "Jones CPD Water Tank", etc.) 24.
- 26. MO/DA/VR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- 28. Piugback vertical depth

. . . .

- 29. Top and bottom perforation in this completion or casing shoe and TD if epenhole
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and 32. attom
- 33. Number of nacks of coment used per oneing string
- The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.
- 34. MO/DA/YR that new oil was first produced
- MO/DA/VR that gas was first produced into a pipeline 35.
- MO/DA/YR that the following test was completed 36.
- 37 Length in hours of the issi
- Flowing tubing pressure oil walls Shut-in tubing pressure gas walls 38.
- Flowing casing pressure oil wells Shut-In cosing pressure gas wells 39.
- 48, Diamater of the choice used in the test
- 41. Barrels of all produced during the test
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- 44 Gas well calculated absolute open flow in MCF/D
 - The method used to test the well; F Flowing P Pumping S Swebbing If other method please write it in.

45.

- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 48.
- The previous operator's name, the signature, printed name, and title of the previous operator's <u>representative</u> authorized to verify that the previous operator no longer operatos this completion, and the date this report was signed by that person 47.

