District I PO Box 1980, Hobbs, NM 88241-1980					State of New Mexico Ene., Minerals & Natural Resources Department						7	in the second se	R		Form C-10 February 10, 199	
District II PO Drawer DD, Artesia, NM 88211-0719									ATION DIVISION				Instructions on back Submit to Appropriate District Office			
District III 1000 Rio Brazos I District IV		P.O. Box 2088 Santa Fe, NM 87504-2088										5 Copie				
PO Box 2088, Sat	sta Fe, NM														NDED REPORT	
I.		K					SLE .	AND AUTHORIZAT					CANS			
¹ Operator name and Address MARBOB ENERGY CORPORA								TION				014049				
					4 West Main cesia, New Mexico 88				8210					Filing Co	ode	
4 API Number				T					ame		Ú	NOV - 1	199		ool Code	
						USK ATOKA GAS					80740					
30-025-24974 ⁷ Property Code 1782				44	4				8 Property Name Com				9 W			
II. ¹⁰ Surface Location				Þ.	LUSK				DEEP UNIT A CON-				13			
UL or lot no.	Surfa								1.1.1.10	North/South Line Feet from the East/West line Cour						
K	18	- 1	Township 19-S			st. Idn		from the 1980	I KI			-cet from the		est line	County LEA	
· · · · · · · · · · · · · · · · · · ·	1			ocation	32–E cation				1900 300 m				<u> 1980 WEST LEA</u>			
UL or lot no.	Section		Township			ot. Idn	Feet f	from the	North/S	outh Li	ne F	Feet from the	East/W	est line	County	
K 12 Lse Code	18		19S g Method (32				1980		UTH		1980	WE		LEA	
F	1.3 Prod		g Method (F	.00e " (ias Conn	ection Date		C-129 Pe	rmit Numb	er	10 (C-129 Effective	Date	" C-1	29 Expiration Date	
III. Oil and Gas Transporters																
18 Transporter OGRID			19 Ti		sporter Name				20 POD 21 O/G			22 POD ULSTR Location and Description				
034019	034019 PHILLIPS PETROLEUM CO. TRUCKS							2083310 0				K, SEC. 18, T195, R32E, TANK				
an de la companya Sector de Sector de Sector de la companya de la com				100K ST 7976								BATTERY				
009171	009171 GPM GAS CORP.							2083330 G				K, SEC. 1	8, TI	9S, R	32E TANK	
		100K ST (7976								BATTERY			- - -			
an tan karantangka shaka a			<u></u>			··		in gan Life, s.i.		200 - ABA						
and the second second								. Maria			ov."					
	· · · · · ·							dh i pulto i la	tte worden en te	2129-1-1-1 						
							1	la glio d								
IV. Produ	ced W	ate	r	. <u></u>							le -					
²³ PO	D						24	POD ULS	TR Locati	on and I	Descri	ption				
2083				32E,	SEC 1	<u>8, K T/</u>	ANK I	BTY								
V. Well C		tior		6 Ready Da			2	77 TD			28 m	BTD		- 10 -		
											1010			29 Perforations		
30 H	lole Sie			31 Č4	³¹ Casing & Tubing Size			³² Depth Set				33 5			Sacks Cement	
	···															
*** *** 11 G																
VI. Well Test I ³⁴ Date New Oil		³⁵ Gas Delivery Date			³⁶ Test Date			³⁷ Test Length			3	³⁸ Tbg. Pressure		³⁹ Csg. Pressure		
⁴⁰ Choke Size			41 Oil		42 Water				3 0			4				
CHORE GED		- On				water		⁴³ Gas			⁴⁴ AOF		43 Test Method			
⁴⁶ I hereby certi- complied with an	fy that the	rules	of the Oil	Conservati	on Divis	ion have bee	en	<u>. </u>	(ONS	ERVATION		ION		
complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature:								Approved by: ORIGINALS				SERVER ALL REFEY SEXTON				
Printed name:		DISTR Title:				RICT ESUPERVISOR										
JÖHN R. GRAY																
F	Dharra				Approval Date:				071241235							
_	Oct. 10					+8-3303										
⁴⁷ If this is a ch	ange of op	orato	or fill in the	OGRID n												
	Pr	evio	us Operato	r Signature		PHILLIF	r 3 11	Prin	ted Name				Title		Date	
		JB	Att						SMITH	ł		ATTORNEY		ACT	10/16/95	

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

Report all use volumes at 15.025 PBIA at 60°. Report all all volumes to the namest whole barrel.

ما الديور مايوندمورين

A request for ellowable for a nawly diffied or deepened well must be eccempenied by a tabulation of the deviation tests conducted in assordance 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.

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

Operator's name and address ٩.

- Operator's OGRID number. If you do not have one it will be easigned and tilled in by the District office. 2.
- 3.
- Resson for filing code from the following table: NW New Well RC Recompletion CH Change of Operator AD Add ol/condensate transporter AG Add ges transporter CG Change gas transporter RT Request for test allowable (include volume requested) request for two showers include to requested) If for any other reason write that reason in this box.

The API number of this well

- The name of the pool for this completion 6.
- The peak code for this post æ

4.

12.

Ň

- The property code for this completion 7.
- The property name (well name) for this completion 8.
- The well number for this completion 8.
- The surface invation of this completion NOTE: If the United States government survey designates a Let Number for this location use that number in the 'UL or let no.' box. Otherwise use the CCD with failur. 10.
- The bottom hole location of this completion 11.
 - Lesse code from the following table: Faderal Stata Fae Jiparilla Navaja Uta Mountain Uta Other Indian Triba Þ
- The producing method code from the following table: 13. Flowing Fumping or ether artificial lift
- MO/DA/YR that this completion was first connected to a gas transporter 14.
- The permit number from the District approved C-128 for this completion 18.
- MO/DA/YR of the C-129 approval for this completion 18.
- MO/DA/YR of the expiration of C-129 approval for this completion 17.
- The gas or oil transporter's DGRID number 18.
- Name and address of the transporter of the product 19.
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will seeign a number and write it here. 20.
- Product code from the following tab 21. Oil Qes

T' a ULETR location of this FOD if it is different from the well completion location and a short description of the POD (Exemple: "Battery A", "Jones CPD", etc.) 22. (Exer

.

- The POD number of the storage from which water is moved from this property. If this is now well or recompletion and this POD has no number the district office will seeign a number and write it here. 23.
- The ULDTR location of this POD H it is different from the well completion location and a short description of the POD (Example: "Battery & Water Tenk", "Jones CPD Water Tank",etc.) 24.
- MO/DA/VR drilling commenced 26.
- MO/DA/YR this completion was ready to produce 28.
- Total vertical depth of the well **27**.
- Fiugbank vertical depth 28.
- Top and bettom perforation in this completion or casing shoe and TD if epenhois 29.
- Inside diameter of the well bore 30.
- Outside diameter of the casing and tubing 31.
- Depth of casing and tubing. If a casing liner show top and bettom. 32.
- Number of sacks of coment used per casing string 33.

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.

- MD/DA/YR that new oil was first produced 34.
- MD/DA/YR that gas was first produced into a pipeline 36.
- MO/DA/VR that the following test was completed 36.
- Longth in hours of the iver 37
- Flowing tubing pressure oil wells Shut-in tubing pressure ges wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- Diamotor of the whole used in the test 44.
- Barrels of all produced during the test 41.
- Barrels of water produced during the test 42.
- MCF of gas produced during the test 45.
- Gas well calculated absolute open flow in MCF/D 44.

48

- The method used to test the well: F Flowing P Pumping S Swebbing If other method please write it in.
- The eignsture, printed name, and title of the parson 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 representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.

