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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

RECEIVED See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

OCT - 2 1991

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	DECLIECT FOR ALLOWAS

DISTRICT II P.O. Drawer DD, Anesia, NM 88210	P.O. Box 2088 0CT - 2 1991 Santa Fe, New Mexico 87504-2088										
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWABLE AND AUTHORIZATION ARTESIA OFFICE TO TRANSPORT OIL AND NATURAL GAS										
I. Operator		O THA	NSP	ORT OII	- AND W	HI UNAL GA	Well 7	API No.			
Marbob Energy Corpor	ration										
Address P. O. Drawer 217, An	ctesia,	NM 88	3210								
Reason(s) for Filing (Check proper box)	-	Change in	Tmnene	wter of:		ther (Please expla					
New Well	Oil		Dry Ga	ıs 🗆	K	equest al	IOWADIE				
Change in Operator	Casinghead	Gas	Conden	isate							
and address of previous operator	ANDIEA	CE									
II. DESCRIPTION OF WELL Lease Name		Well No. Pool Name, Including Formation Kind of							1	ease No.	
G-J West Coop Unit		39 Grbg Jackson SR Q Grbg SA State,							B-1	0714	
Location Unit Letter $\underbrace{\hspace{1cm}E}$:2290)	Feet Fr	om The _N	orth Li	ne and67	0 Fe	et From The	West	Line	
Section 22 Township	175	<u> </u>	Range	29	E , N	MPM,		Edo	ly *	County	
III. DESIGNATION OF TRAN				D NATU	RAL GAS		• 1	of this f	orm is to be se	unt)	
Name of Authorized Transporter of Oil	X	or Condens	sale		1			d copy of this form is to be sent)			
Navajo Refining Compa Name of Authorized Transporter of Casing	any P. O. Drawer 159, Art ghead Gas or Dry Gas Address (Give address to which approve						ich approved	copy of this fo	orm is to be se	nt)	
If well produces oil or liquids, give location of tanks.	<u> </u>	i	Twp.	İ		ily connected?	When	7			
If this production is commingled with that IV. COMPLETION DATA	from any othe	r lease or p	ool, giv	e comming	ing order nur	nber:					
Designate Type of Completion	(Y)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth				
Perforations					J			Depth Casing Shoe			
	<u></u>	IRING	CASI	NG AND	CEMENT	ING RECOR	D	<u> </u>			
HOLE SIZE		ING & TU				DEPTH SET		SACKS CEMENT			
											
								<u> </u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR A	LLOWA	BLE	oil and must	he equal to o	or exceed top allo	wable for this	depth or be j	or full 24 how	rs.)	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test		, , , , , , ,		Producing N	Method (Flow, pu	mp, gas lift, e	tc.)			
	·				Casing Pressure			Choke Size			
Length of Test	Tubing Pressure										
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	<u> </u>							72			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC.	ATE OF	COMP	LIAN	ICE		OIL CON	SERVA	ATION	DIVISIO	N	
I hereby certify that the rules and regula Division have been complied with and t is true and complete to the best of my k	hat the inform	iation give	ation n above					OCT 1			
[]////	the best of my knowledge and belief. Date Approved 1899							-	-		
Mehonda Melson					By ORIGINAL SIGNED BY						
Signature Rhonda Nelson	Production Clerk				MIKE WILLIAMS CHEERVISOR DISTRICT IT						
Printed Name			Title 3-330	13	Title	99			ge disconnie		
311/1/91							The second secon				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

10/1/91

Date

- 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.

Telephone No.

- 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.