

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78

RECEIVED BY

NOV 01 1984

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Marbob Energy Corporation	
Address P.O. Drawer 217, Artesia, N.M. 88210	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Effective 10/1/84

If change of ownership give name and address of previous owner **Tenneco Oil Co., 7990 I.H. 10 West, San Antonio, Texas 78213**

DESCRIPTION OF WELL AND LEASE

Lease Name G.J. West Coop. Unit	Well No. 36	Pool Name, including Formation Grbg Jackson SR Q G SA	Kind of Lease State, Federal or Fee State	Lease No. B-1266
Location Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line of Section 21 Township 17S Range 29E , NMPM , Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, N.M. 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762
If well produces oil or liquids, give location of tanks.	Unit B Sec. 28 Twp. 17S Rge. 29E
Is gas actually connected?	When 6/66

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

COMPLETION DATA

Designate Type of Completion - (<input checked="" type="checkbox"/>)	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, RAB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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 above is true and complete to the best of my knowledge and belief.

(Signature)
Production Clerk(Title)
10/30/84

(Date)

OIL CONSERVATION DIVISION

NOV 05 1984

APPROVED _____, 19____
Original Signed By
BY _____
Supervisor District II

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 deviate 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 multiple completed wells.

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