

OIL CONSERVATION DIVISION

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OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	
Operator	

RECEIVED BY NEW MEXICO 87501  
FEB 8 1985  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
O.C.D.  
ARTESIA, OFFICE

Operator  
Marbob Energy Corporation  
Address  
P.O. Drawer 217, Artesia, N.M. 88210  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐  
Recompletion ☐ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☒ Other (Please explain)  
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.  
58  
Pool Name, including Formation  
Grbg Jackson SR Q G SA  
Kind of Lease  
State, Federal or Fee State  
Lease No.  
B-255  
Location  
Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West  
Line of Section 16 Township 17S Range 29E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☐ or Condensate ☐  
WIW  
Address (Give address to which approved copy of this form is to be sent)  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
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 Sec. Twp. Rge. Is gas actually connected? When

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

COMPLETION DATA  
Designate Type of Completion -- (X)  
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 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-Bble. Water-Bble. Gas-MCF

GAS WELL  
Actual Prod. Test-MCF/D Length of Test Bble. Condensate/MMCF 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.  
Production Clerk  
(Signature)  
2/6/85  
(Date)  
OIL CONSERVATION DIVISION  
FEB 13 1985  
APPROVED  
BY Original Signed By  
Leslie A. Clements  
TITLE Supervisor District II  
This form is to be filed in compliance with RULE 1101.  
If this is a request for allowable for a newly drilled or deepens 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 own well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filled for each pool in multiple completed wells.