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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-111
Effective 1-1-65

JAN 26 1978

Operator Marbob Energy Corporation		ARTESIA, OFFICE	
Address P O Box 304, Artesia, N. M. 88210			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well ☐	Change in Transporter of:		
Recompletion ☐	Oil ☐	Dry Gas ☐	
Change in Ownership ☒	Casinghead Gas ☐	Condensate ☐	

If change of ownership give name and address of previous owner **D. R. Clary, P O Box 1267, Odessa, Texas 79760**

I. DESCRIPTION OF WELL AND LEASE

Lease Name Turkey Track Sec. 3 Unit	Well No. 5	Pool Name, including Formation Turkey Track Queen Grayburg	Kind of Lease SA	Lease No. B-8949
Location Unit Letter E ; 1650 Feet From The NORTH Line and 1650 Feet From The West Line of Section 3 Township 19 S Range 29 E , NMPM, Eddy County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)	
water injection well		
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.
Is gas actually connected?		When

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

III. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Full Res't.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RKB, 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					

IV. 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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

V. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Secretary

1/23/78
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY **W. A. Grossett**

TITLE **SUPERVISOR, DISTRICT**

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 depth tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and reworked 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.