

NEW MEXICO OIL CONSERVATION COMMISSION

Form O-104  
Supersedes Old O-104 and  
Effective 1-1-65

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

JUN 01 1981

O. C. D.  
ARTESIA OFFICE

NO. OF COPIES RECEIVED	
DISTRIBUTION	
AREA FC	1
FILE	1
ADVIS.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	1
PHORATION OFFICE	

Operator Marbob Energy Corporation

Address P.O. Box 304, Artesia, N.M. 88210

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input checked="" type="checkbox"/>	Change in Transporter of Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	

**CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 7-25-81  
UNLESS AN EXCEPTION TO Rule 306  
IS OBTAINED**

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Foot Poles, including Perforation	Kind of Lease	Lease No.
Aurora	1	Turkey Track SR On Grbg	State, Federal or Fee State	B-8876
Location				
Unit Letter	A	990 Feet From The North Line and	330 Feet From The East	
Line of Section	3	Township	19S	Range
			29E	N.M.P.M.
			Eddy	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Navajo Refining Co., Pipeline Div.</u>	<u>P.O. Box 159, Artesia, N.M. 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or both oil and gas, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	F	3	19S	29E	No	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Some Restr. <input type="checkbox"/>	Other <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
5/1/81	5/25/81	3008'	2982'					
Elevations (DF, KAL, RT, GR, etc.)	Name of Producing Perforation	Top Oil/Gas Pay	Tubing Depth					
3421' GR	Grayburg, Queen	2120'	2858'					
Perforations	2120-40', 2210-14', 2266-74', 2328-32', 2346-54', 2358-62', 2382-84', 2414-18', 2428-32', 2470-74', 2532-36', 2560-64', 2569-71', 2611-19', 2684-96', 2756-64', 2768-72', 2774-90', 2808-12', 2832-34', 2848-52', 2862-66', 2874-76'	Depth Casing Shoe	3008'					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8" 24#	320'	300					
7 7/8"	4 1/2" 10.50#	3008'	450					
	2 3/8"	2858'						

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead oil and must be equal to or exceed that available for this depth or be for full 24 hours)

Date First New Oil Flow To Tank	Date of Test	Producing Bottom (Flow, pump, gas lift, etc.)
5/25/81	5/26/81	Pump
Length of Test	Tubing Pressure	Casing Pressure
24 hrs.	20#	20#
Actual Prod. During Test	OH-EMA	Water-EMA
100	80	20
		Gas-MCF
		Vented

GAS WELL

Actual Prod. Test (MCF/D)	Length of Test	Lbs. Condensate/MCF	Gravity of Condensate
Testing Method (Flow, Deck, etc.)	Tubing Pressure (lb/In)	Casing Pressure (lb/In)	Choke Size

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.

*Carolyn Davis*  
(Signature)  
Production Clerk  
(Title)  
5/29/81

OIL CONSERVATION COMMISSION

JUN 01 1981

APPROVED \_\_\_\_\_, 1981

BY *W. A. Gressett*  
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 changed well, this form must be accompanied by a tabulation of the test data taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely and filed with the well file.

Fill out only Sections I, II, III, and VI for changes of test well name or number, of transporter, or other such change of conditions.