

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

AUG 27 1982

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	
Operator	

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 Change in Transporter of: Oil Dry Gas Effective 8/1/82

Recompletion Casinghead Gas Condensate

Change in Ownership

If change of ownership give name and address of previous owner Collier Energy, Inc., P.O. Box 798, Artesia, N.M. 88210

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Phillips Balding State</u>	Well No. <u>4</u>	Pool Name, Including Formation <u>Red Lake Qn Grbg SA</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-1969</u>
Location				
Unit Letter <u>K</u>	<u>2310</u>	Feet From The <u>South</u>	Line and <u>2310</u>	Feet From The <u>West</u>
Line of Section <u>15</u>	Township <u>17S</u>	Range <u>28E</u>	, NMPS, <u>Eddy</u>	

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refining Co., Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <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 liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<u>K</u>	<u>15 17S 28E No</u>

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

II. COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil well	<input type="checkbox"/> Gas well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Well, Diff. Fr.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.			
Elevations (DE, REL, 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

III. 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

IV. 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.

Carolyn Davis
(Signature)

Production Clerk

8/25/82

(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 30 1982

BY Leslie A. Clement

TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1103.
If this is a request for allowable for a newly drilled or deeper 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 all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions. Form C-104 must be filed for each pool in multi-