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NEW MEXICO OIL CONSERVATION COMMISSION  
**REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**  
**RECEIVED**  
 MAR 3 1977

Form C-104  
 Supersedes Old C-104 and C-110  
 Effective 1-1-65

Operator **Marbob Energy Corporation**  **O. C. C.**  
**ARTESIA, OFFICE**

Address **Box 304, Artesia, N. M.**

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 \_\_\_\_\_

**I. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Walker State</b>	Well No. <b>4</b>	Pool Name, including Formation <b>Artesia Queen GB SA</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>B-2071</b>
Location Unit Letter <b>0</b> ; <b>900</b> Feet From The <b>South</b> Line and <b>2287</b> Feet From The <b>East</b>				
Line of Section <b>27</b> Township <b>17 S</b> Range <b>28 E</b> , NMPM, <b>Eddy</b> County				

**II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Navajo Crude Oil Purchasing Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>N. Freeman Ave., Artesia, N. M. 88210</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>4th &amp; Washington, Odessa, Texas 79760</b>
If well produces oil or liquids, give location of tanks. Unit <b>0</b> Sec. <b>27</b> Twp. <b>17S</b> Rge. <b>28E</b>	Is gas actually connected? <b>yes</b> When <b>3-2-77</b>

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'ty.	PHL. Res'ty.
Date Spudded <b>1/13/77</b>	Date Compl. Ready to Prod. <b>2/18/77</b>	Total Depth <b>2094</b>	P.B.T.D. <b>2076</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3676 GR</b>	Name of Producing Formation <b>premier</b>	Top Oil/Gas Pay <b>2030-2040</b>	Tubing Depth <b>2025</b>					
Perforations <b>2030-2040</b>	Depth Casing Shoe <b>2060</b>							
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>10"</b>	<b>8 5/8" csg</b>	<b>571</b>	<b>177 sx</b>					
<b>8"</b>	<b>4 1/2" csg</b>	<b>2060</b>	<b>525 SA</b>					
	<b>2 3/8" tbg</b>	<b>2025</b>						

**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 <b>2/19/77</b>	Date of Test <b>2/22/77</b>	Producing Method (Flow, pump, gas lift, etc.) <b>pumping</b>	
Length of Test <b>24 hrs</b>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <b>1030</b>	Oil-Bbls. <b>3 25</b>	Water-Bbls. <b>5</b>	Gas-MCF

**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate <b>60.6</b>
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size <b>3-4-77</b>

**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.

*Scotty Hammond*  
 agent  
 (Signature)

\_\_\_\_\_  
 (Title)

**3-3-77**  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED MAR 4 1977, 19\_\_\_\_

BY W. A. Gussett

TITLE SUPERVISOR, DISTRICT II

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 deviation logs taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for allowable on new and reworked wells.  
 Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter or other such change of condition.

