## STATE OF NEW MEXICO

| AGY AND MRZENAUS C | )CP4          | MATE      | MENT |
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| ** ** ******       |               |           | ì    |
| INSTAINUTION       |               |           | . 7  |
|                    | $\mathcal{Y}$ |           | /    |
| FIL #              | <i>y</i>      | V         |      |
| U 1.0.1.           |               |           | l    |
| LAND OFFICE        | /             | <b></b> . |      |
| TRANSPORTER        | 14/           | ļ         | l    |
| 1046               | 14/           |           | į .  |
| OPERATOR.          | 2/_           |           |      |

## OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

## REQUEST FOR ALLOWABLE

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED 10-1-70

NOV 01 1984

O. C. D.

ARTESIA, OFFICE

All sections of this form must be filled out completely for allow able on new and secompleted wells.

Fill out only Sections 1, 11, 111, and VI for changes of owner well name or number, or transporter or other such Change of condition

Separate Forms C-104 must be filed for each pool in multip:

| PROPATION OFFICE  | #UTHUR               | IZATION TO TRANS                     | SPORT OIL                             | _ AND NATU                        | RAL GAS                               |               |               |                |
|---|----------------------|--------------------------------------|---------------------------------------|-----------------------------------|---------------------------------------|---------------|---------------|----------------|
| Operator  |                      |                                      |                                       | <del></del>                       |                                       |               |               | <del></del>    |
| Marbob Energy Co  | poration 🗸           | ···                                  |                                       |                                   |                                       |               |               |                |
| Addiess   | _                    |                                      |                                       |                                   |                                       |               |               |                |
| P.O. Drawer 217,  |                      | . 88210                              |                                       | 10.1                              |                                       |               |               |                |
| Reason(s) for filing (Check prop                                      |                      | - T                                  |                                       | Other (Piease                     | esplain)                              |               |               |                |
| New Well  | -                    | n Trensporter ol:                    | m                                     |                                   |                                       |               |               |                |
| Channels Comments XX  | GII<br>Gartagha      | Dry G                                | 77                                    | Eff. and                          | 10/7                                  |               |               |                |
| Change in Ownership XX  | Casinghe             | ed Gas Conde                         | weate [                               | Ellect                            | ive 10/1                              | /84           |               |                |
| If change of ownership give mand oddress of previous owne             | 1 (11111)            | Oil Co., 7990                        | I.H. 10                               | West, Sai                         | n Antonio                             | , Texas       | 78213         |                |
| DESCRIPTION OF WELL   | AND LEAGE            |                                      |                                       |                                   |                                       |               |               |                |
| Lease Name  | Well No.             | Pool Name, Including                 | ormation                              | 1                                 | Kind of Lease                         |               |               | Lease No.      |
| G.J. <b>We</b> st Coop. 1   | Init   24            | Grbg Jackson                         | SR Q G                                | SA                                | State, Federal                        | or Foo S      | tate          | B-1266         |
| Location  |                      |                                      | <del></del>                           |                                   |                                       |               | /.            |                |
| Unit Letter   | 330 Feet Fro         | m The <u>South</u> Li                | ne and                                | 330                               | _ Feet From T                         | he            | East          |                |
| Line of Section 21  | T. «nship            | 17S Range                            | 29E                                   | , NMPM,                           | Edd                                   | ly            |               | County         |
| NECIES ATION OF THESE   | DODTED SE OF         | AND NATURAL C                        | 4 €                                   |                                   |                                       |               |               |                |
| DESIGNATION OF TRANS Name of Authorized Transporter                   |                      | AND NATURAL G                        |                                       | Give address u                    | o which approv                        | ed copy of th | is form us to | be sent)       |
| Navajo Refining (   | — <del></del>        | · <u> </u>                           | 1                                     | Box 159,                          | * -                                   |               | -             | - •            |
| Name of Authorized Transporter  |                      | or Dry Gas                           |                                       | Give address to                   |                                       |               |               | be sent)       |
| Phillips Petrole  | m Co.                |                                      | 4001                                  | Penbrook,                         | Odessa :                              | Tevas         | 79762         |                |
|   | Unit Sec             | . Twp. Rge.                          |                                       | tually connecte                   |                                       |               | 10102         |                |
| If well produces oil or liquids, give location of tanks.              | B                    | 28 17S 29E                           | Ye.                                   | S                                 | i                                     | 3/60          |               |                |
| If this production is comming!  | ed with that from an | y other lease or pool,               | give comm                             | ningling order                    | number:                               |               |               |                |
| COMPLETION DATA   |                      | il Well Gas Well                     | New Well                              | Workever                          | Deepen                                | Plug Back     | Same Res'v    | r. Dill. Res'v |
| Designate Type of Com   | oletion — (X)        | i<br>I                               |                                       |                                   |                                       |               | )<br>         |                |
| Date Spudded  | Date Compl. F        | leady to Prod.                       | Total Des                             | oth                               |                                       | P.B.T.D.      | L <del></del> |                |
| Elevations (DF, RKB, RT., GR,   | re.; Name of: Produ  | icing Formation                      | Top Oil/Gas Pay                       |                                   | Tubing Depth                          |               |               |                |
| Perforations  |                      | <u> </u>                             |                                       |                                   | Depth Casing Shoe                     |               |               |                |
| ·   |                      | ·                                    |                                       |                                   |                                       |               |               |                |
|   |                      | UBING, CASING, AN                    | D CEMENT                              |                                   |                                       |               | <del></del>   |                |
| HOLE SIZE   | CASING               | & TUBING SIZE                        | DEPTH SET                             |                                   | SACKS CEMENT                          |               | NT            |                |
|   |                      |                                      | <del> </del>                          |                                   |                                       |               |               |                |
| · · · · · · · · · · · · · · · · · · ·                                 |                      |                                      | <del> </del>                          |                                   |                                       |               |               |                |
|   |                      |                                      | <del> </del>                          |                                   |                                       |               | <del></del>   |                |
| TEST DATA AND REQUES  | T FOR ALLOWA         | BLE (Test must be a able for this di |                                       | y of sotal volum                  |                                       | nd must be eq | ual to or exc | ceed top allo  |
| Date First New Oil Run To Tank  | Date of Test         |                                      | Producing Method (Flow, pump, gas li) |                                   | pump, gas life                        | . elc.)       | <del></del>   | 3              |
| Length of Teet  | Tubing Pressu        | 10                                   | Ceeing Pi                             | *******                           |                                       | Choke Size    | 0.0           | XX 1           |
| Actual Prod. During Test  | OH-BMe.              |                                      | Water-Bbls.                           |                                   | · · · · · · · · · · · · · · · · · · · | Gae-MCF       |               | 31 314         |
|   | <u> </u>             |                                      | 1                                     | <u> </u>                          |                                       |               | JOK 18        | 4/9            |
| gas well  |                      |                                      |                                       |                                   |                                       | _             | 1 0           | $\mathcal{N}$  |
| Actual Prod. Teet-MCF/D   | Length of Tee        |                                      | Bhis. Con                             | densete/MMCF                      |                                       | Cuevity of C  | ondeneate     | /              |
| Testing Method (putot, back pr.)                                      | Tubing Pressu        | re(shut-in)                          | Cosing Presewe (Shet-im)              |                                   | Choke Size                            |               |               |                |
| ERTIFICATE OF COMPLIANCE  |                      | 1                                    | DIL CONSERVATION DIVISION             |                                   |                                       |               |               |                |
|   |                      |                                      | I                                     |                                   |                                       |               |               |                |
| hereby certify that the rules and regulations of the Oli Conservation |                      | APPROVED NOV 0 5 1984 . 19           |                                       |                                   |                                       |               |               |                |
| hivision have been complied with and that the information given       |                      | Lasta A Claments                     |                                       |                                   |                                       |               |               |                |
| bove is true and complete t   | o the beat of my k   | nowledge and belief.                 | BY                                    |                                   | Supervisor                            | District II   | <del> </del>  |                |
|   |                      |                                      | TITLE                                 |                                   | 50po, 11251                           |               | ·             |                |
|   | , /                  | ^                                    | 1                                     | ie form is to                     | ha filad is s                         | hmplisace "   | ith em e :    | 1104           |
| (Upnel  | , (SIN               | ella-                                |                                       | ie form is to :<br>this is a requ |                                       |               |               |                |
| - Willeng   | (Signature)          |                                      |                                       | is form must                      | be accempen                           | ted by a tet  | uletion of t  | the deviation  |
|   | tion Clerk           |                                      | 10010 1                               | ken on the w                      | ell in occord                         | ance with s   | HULE 111.     |                |

(Title)

10/30/84 (Doie)

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