

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

RECEIVED BY

Form C-104  
Revised 10-1-70

APR 25 1985

O. C. D.  
ARTESIA, OFFICEREQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator  
Marbob Energy CorporationAddress  
P.O. Drawer 217, Artesia, N.M. 88210

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Designate	<input checked="" type="checkbox"/> <del>Crude Oil</del> Transporter of:	Other (Please explain)
Recompletion	<input checked="" type="checkbox"/>	Oil	<input checked="" type="checkbox"/>	LAGINGHEAD GAS MUST NOT BE
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input checked="" type="checkbox"/>	FLARED AFTER <u>6-26-85</u>
				UNLESS AN EXCEPTION TO:
				RULE 306 IS OBTAINED

Change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name State "I"	Well No. 16	Pool Name, Including Formation Grbg Jackson SR Qn Gbg SA	Kind of Lease State, Federal or Fee	Lease No. B-1266
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Location

Unit Letter P : 990 Feet From The South Line and 330 Feet From The EastLine of Section 29 Township 17S Range 29E, NMPM, Eddy County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Navaaj Crude Oil Purchasing Co. Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 159, Artesia, N.M. 88210Name 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.	Rge.	Is gas actually connected?	When
P	29	17S	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v
	X					X		X
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	4/16/85	6235'	4930'					
Perforations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3584' KB	San Andres	2344'	3378'					
Perforations			Depth Casing Shoe					
2344-3358' attached			6223'					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8" 24#	901'	290
7 7/8"	5 1/2" 15.50#	6223'	570
	2 7/8"	3378'	

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 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.)	
4/16/85	4/17/85	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
55	29	35	27

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

## 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.

Production Clerk

(Title)

4/24/85

(Date)

## OIL CONSERVATION DIVISION

APPROVED APR 26 1985, 19BY Original Signed By  
Mike Williams  
TITLE Oil & Gas Inspector

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

All sections of this form must be filled out completely for allowable on new and recompleted 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.

Separate Forms C-104 must be filed for each pool in multiple completed wells.