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OPERATOR	/
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND FEE
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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 ☐	Waterflood unit
Recompletion ☐	
Change in Ownership ☒	
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	

If change of ownership give name and address of previous owner **Kersey & Company, Box 316, Artesia, N. M. 88210**

I. DESCRIPTION OF WELL AND LEASE				
Lease Name Old Loco Unit	Well No. 15	Pool Name, including Formation Grayburg-Jackson	Kind of Lease State, Federal or Fee State	Lease No. B-5084
Location Unit Letter 0 ; 990 Feet From The South Line and 1980 Feet From The East Line Line of Section 32 Township 17S Range 29E , NMPM, Eddy County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Water Injection well			Address (Give address to which approved copy of this form is to be sent)	
Name 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	Soc.	Twp.	Rge.
Is gas actually connected?			When	

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

V. COMPLETION DATA									
Designate Type of Completion -- (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Perf. Res't.
Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, 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			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED W. A. Gressett , 19 12-27-77	
Secretary		BY SUPERVISOR, DISTRICT II	
12-27-77		TITLE	
		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 observations 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 changes of name, well name or number, or transporter or other such change of conditions.	