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O.C.D.
ARTESIA, OFFICE

P. O. BOX 2088

ARTESIA, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Marbob Energy Corporation

Address

P.O. Drawer 217, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☒

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Effective 3/1/87

Change of ownership give name
and address of previous owner

Sun Exploration & Production, P.O. Box 1861, Midland, TX 79702

DESCRIPTION OF WELL AND LEASE

Well Name Foster Eddy	Well No. 2	Pool Name, Including Formation Grbg Jackson SR Q G SA	Kind of Lease State, Federal or Fee Fed	Lease No. 049998(A)
Location Unit Letter J ; 1980 Feet From The South Line and 1980 Feet From The East Line of Section 17 Township 17S Range 31E , NMPM, Eddy Co.				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> TA	Address (Give address to which approved copy of this form is to be sent)
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)
Well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

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't	Other
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Levations (DF, RAB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Corrections							Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post ID-3
			3-10-87
			shy ap

TEST DATA AND REQUEST FOR ALLOWABLE
WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top
able 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

AS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Casing Method (pilot, 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.

Carolyn Gray
(Signature)
Production Clerk

(Title)
3/13/87

(Date)

OIL CONSERVATION DIVISION

APPROVED **MAR 19 1987**, 19

BY **Original Signed By**
Les A. Clements
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 deep
well, this form must be accompanied by a tabulation of the flow
tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for a
table 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 record.
Separate Forms C-104 must be filed for each pool in
recompleting wells.