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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

Form C-104 Revised 1-1-89 See Instructions at Bottom of Pa

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

DEC - 1 1991

DISTRICT III

Santa Fe, New Mexico 87504-2088 O. C. D.

1000 Rio Brazos Rd., Aztec, NM. 8/410	REQ	UEST F	OR	ALLO	WAI	BLE AND	A	UTHOR	IZAT	IOM,	ESIA OFFI	ņg.				
I. Operator	UHAL G	AL GAS Well API No.														
Marbob Energy Corpo.					0-015-2	015-26840										
Address				1												
P. O. Drawer 217, A.	rtesia,	NM 8	821	10												
Reason(s) for Filing (Check proper box)						Oil	her	(Please exp	lain)							
New Well		Change it		-	ıt:											
Recompletion	Oil		, ,	y Gas												
Change in Operator	Casinghe	ad Gas	Co	ndensate	<u>Ц</u>											
If change of operator give name and address of previous operator																
II. DESCRIPTION OF WELL	AND LE	ASE														
Lease Name		Well No.	Poc	ol Name, l	includi						of Lease F ederalise T e	Nex.		ease N	0.	
G-J West Coop Unit	son SR Q Grbg SA							B-12	66							
Location	. 134	· 5 ·	_			outh Li		1345		U.	el Emm The	₩₽	e t		Line	
Unit Letter K	_:134		_ Fee	t From 11	ne	Outil III	e a	100 1342		re	et Floir The		a			
Section 21 Townshi	,N	, NMPM,					Eddy County									
III. DESIGNATION OF TRAN	SPORTI	ER OF O	IL A	AND N	ATU.	RAL GAS										
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)															
Navajo Refining Co.	P.O. Drawer 159, Artesia, NM 88210															
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)															
Phillips 66 Natural Gas Co.							4001 Penbrook, Odessa,					762				
If well produces oil or liquids,	Unit Sec. Twp. Rge.					1 - :										
give location of tanks.	В	28			29E	Yes					11/8/91					
If this production is commingled with that	from any ot	her lease or	pool,	give com	uningl	ing order num	ber	r								
IV. COMPLETION DATA						1	٦-,	777	1 5.		Dive Deek	Icama	P as's:	Diff.	Dar'ıı	
Designate Type of Completion	- (X)	Oil Well		Gas W	eli	New Well	' 	Workover	1 100	epen	Plug Back	Same	Ve2 A		KE2 A	
Date Spudded	Date Compl. Ready to Prod.					Total Depth					P.B.T.D.					
10/11/91	11/8/91					4470'					4419!					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation					Top Oil/Gas Pay					Tubing Depth					
3608.1' GR San Andres						2599'					3390'					
Perforations											Depth Casing Shoe					
2599-3358'San Andre	s										4428	·				
	TUBING, CASING AND										T DAGUG GELIENE					
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET					SACKS CEMENT 225sx Pot ID-2					
17 1/4"	ļ	13 3						30'								
12 1/4"	8 5/8"					759'					250 sx 12-13-91 1100 sx comp & BK					
7 7/8"	<u> </u>	5 1/2"					4428'					U_SX		7	. **/}	
V. TEST DATA AND REQUES	T FOR	ALLOW	ABL	Æ		 										
OIL WELL (Test must be after r			of lo	ad oil and	i must	be equal to or	ex	cceed top all	owable	for this	depth or be	for full	24 hou	75.)		
Date First New Oil Run To Tank								od (Flow, pi	штр, да	ic.)						
11/8/91		L1/9/91				pump					Choke Size					
Length of Test	Tubing Pressure					Casing Pressure										
24 hrs							Water - Bbis.									
Actual Prod. During Test	Oil - Bbls. 42					115					35					
C. C. IVIII I	<u> </u>	+2				l	سلم				<u> </u>					
GAS WELL Actual Prod. Test - MCF/D	Length of	Test				Bbls. Conder	sat	e/MMCF			Gravity of C	onden	sale			
	Casing Pressure (Shut-in)															
Testing Method (pirot, back pr.) Tubing Pressure (Shut-in)						Choke Size										
	<u> </u>					<u></u>		<u> </u>			L					
VI. OPERATOR CERTIFIC.	ATE OF	COMP	LIA	ANCE		(וכ	IL CON	ISE	RVA	NOITA	DIV	ISIC	N		
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.								\ nnra\(\o)	4		DEC	9 19	91			
r	/					Date	, 1	Approve	u							
Wel and o 10 10 000)							ORIGINAL SIGNED BY									
I work a large to the large to						By MIKE WILLIAMS										
Signature Rhonda Nelson Production Clerk						SUPERVISOR, DISTRICT IT										
Printed Name Title						Title							-			
11/26/91				<i>303</i> • No.				•	jane, samb-mpo-	ekanakari, ter	grande same	- Acres				
Date		T etel	MICH	. I 40.		1										

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

