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LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
 Superseded Oil C-101 and C-102
 Effective 1-1-65

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JAN 4 1982

**O. C. D.
 ARTESIA, OFFICE**

Operator **Marbob Energy Corporation**

Address **P.O. Drawer 217, Artesia, N.M. 88210**

Reason(s) for filing (Check proper box)	Designate	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/>	Gas connection
Recompletion <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Donnelly Kelly St.	Well No. 3	Pool Name, including Formation Artesia Qn. Grbg. SA	Kind of Lease State, Federal or Fee State	Lease No. 703-69
Location Unit Letter O ; 990 Feet From The South Line and 2270 Feet From The East				
Line of Section 8 Township 18S Range 28E , NMPM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Co, Trucking	P.O. Drawer 175, Artesia, N.M. 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Co.	4001 Penbrook, Odessa, Texas 79762
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	0 8 18S 28E Yes 12/29/81

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	Some Res'n, (P.H. B.)
<input checked="" type="checkbox"/>							
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.			
Elevations (DE, RAB, RT, CR, 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

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 total 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

*Posted ID-3
 Added CGT-PP
 1-8-82*

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Carolyn Orr
 (Signature)
Production Clerk
 (Title)
12/30/81
 (Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN 7 1982**, 19____

BY *W.A. Gessett*
SUPERVISOR, DISTRICT II

TITLE _____

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the district tests taken on the well in accordance with RULE 111.
 All portions of this form must be filled out completely for allowable on new and re-completed wells.
 Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.