

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

AUG 27 1982

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR	
Operator <u>Marbob Energy Corporation</u>	
Address <u>P.O. Drawer 217, Artesia, N.M. 88210</u>	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: ☐
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☒	Casinghead Gas ☐ Condensate ☐
Other (Please explain) <u>Effective 8/1/82</u>	

If change of ownership give name and address of previous owner Collier Energy, Inc., P.O. Box 798, Artesia, N.M. 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Keyes State</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Re Lake On Grbg SA</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-2179</u>
Location				
Unit Letter <u>H</u>	<u>1980</u>	Feet From The <u>North</u>	Line and <u>660</u>	Feet From The <u>East</u>
Line of Section <u>9</u>	Township <u>17S</u>	Range <u>28E</u>	<u>N.M.</u>	<u>Eddy</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Navajo Crude Oil Purchasing Co., Trucking</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Drawer 175, Artesia, N.M. 88210</u>	
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 <u>H</u>	Sec. <u>9</u>
	Twp. <u>17S</u>	Rge. <u>28E</u>
	Is gas actually connected?	When
	<u>No</u>	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well ☒	Gas Well ☐	New Well ☐	Re-completer ☐	Deepen ☐	Plug Back ☐	Same Fresh ☐	Full Per ☐
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.B.T.D.			
Elevations (DE, RKB, FT, 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)

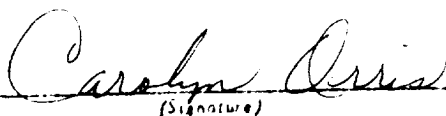
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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

VI. 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

(Date)

8/25/82

(Date)

OIL CONSERVATION DIVISION

AUG 30 1982

APPROVED

BY

TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 111.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and IV for changes of well name or number, or transporter, or other such change of conditions.