

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED BY 10-1-78

JUL 05 1984

O. C. D.  
ARTESIA, OFFICEREQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OP. OF APPLIC. RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator  
Marbob Energy CorporationAddress  
P.O. Drawer 217, Artesia, N.M. 88210

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Effective 7/1/84
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner Latch Operations, P.O. Box 10108, Lubbock, Texas 79408

## DESCRIPTION OF WELL AND LEASE

Lease Name T E & K	Well No. 2	Pool Name, including Formation Vandagriff Keyes Queen	Kind of Lease State, Federal or Fee Fed.	Lease No. 061465
Location				
Unit Letter D	: 660	Feet From The North	Line and 660	Feet From The West
Line of Section 10	Township 17S	Range 28E	NMPM,	Eddy County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	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 checked="" 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
	Yes 2/28/78

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'v.	Diff. Res'v.
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

## 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 top allowable for this depth or be for full 24 hours)

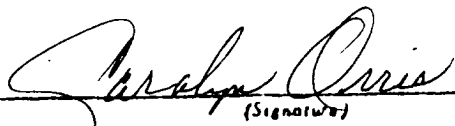
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	Test No. 3
Length of Test	Tubing Pressure	Casing Pressure	7-13-94
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	2100 Bbl.
			Gas-MCF

## GAS WELL

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



Production Clerk

(Title)

7/2/84

(Date)

## OIL CONSERVATION DIVISION

JUL 06 1984

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_  
ORIGINAL SIGNED  
BY LARRY BROOKS  
GEOLOGIST - NMSD

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 the deviated tests taken on the well in accordance with RULE 111.

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

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