

CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

RECEIVED

MAY 17 1988

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DATE RECEIVED	
NAME	
ADDRESS	
CITY	
STATE	
ZIP	
NO. OFFICE	
TRANSPORTER	
OIL	
GAS	
PRODUCTION	
OPERATION OFFICE	
RECORD	

Marbob Energy Corporation

O. C. D.
ARTESIA OFFICE

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

Reason(s) for filing (Check proper box):	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Completion <input type="checkbox"/> Change in Ownership	Request an allowable of 2 bbls. per day*
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

Change of ownership give name
address of previous owner

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Well Name	hillips Balding St.	2	Red Lake Q Grbg SA	State, Federal or Fee State	B-1969
Location	Unit Letter <u>N</u> : <u>250</u> Feet From The <u>South</u> Line and <u>1570</u> Feet From The <u>West</u>				
Line of Section	15	Township	17S	Range	28E
				NMPM,	Eddy County

SIGNATURE 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)		
Lavajo Refining Co.			P. O. Drawer 159, Artesia, NM 88210		
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, or location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
	D	15	17S	28E	NO

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.
Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Deviations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Deviations					Depth Casing Shoe		

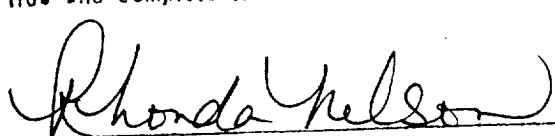
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)			
Well	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
to First New Oil Run To Tanks			
*Currently has an allowable of 1 per day, requesting an additional 1 bbl		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water-Bbls.	Gas-MCF
Total Prod. During Test	Oil-Bbls.		

SHUT-IN WELL			
Total Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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 is true and complete to the best of my knowledge and belief.


(Signature)
Production Clerk
(Title)
May 16, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 18 1988, 19

BY Mike Williams
Original Signed By
Oil & Gas Inspector

TITLE Oil & Gas Inspector

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 deviation 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.
Separate Forms C-104 must be filed for each pool in multiply recompleted wells.

