

OIL CONSERVATION DIVISION
P. O. BOX 7088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78
RECEIVED

AUG 27 1982

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

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SANTA FE	
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
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Operator
Marbob Energy CorporationAddress
P.O. Drawer 217, Artesia, N.M. 88210

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☒

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Effective 8/1/82

If change of ownership give name
and address of previous owner

Collier Energy, Inc., P.O. Box 798, Artesia, N.M. 88210

DESCRIPTION OF WELL AND LEASE

Lease Name Phillips Balding State	Well No. 3	Pool Name, including Formation Red Lake Qn Grbg SA	Kind of Lease State, Federal or Fee State	Lease No. B-1969
Location Unit Letter <u>K</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>15</u> Township <u>17S</u> Range <u>28E</u> , NMPN, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Co., Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, N.M. 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)					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 15	Twp. 17S	Rge. 28E	Is gas actually connected? No	When

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'ty.	Diff. Fr.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

Pooled
IP-3
OK
9-3-82

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (spiral, back pt.)	Tubing Pressure (shot-in)	Casing Pressure (shot-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.

Carolyn Davis
(Signature)

Production Clerk

(Title)

8/25/82

(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 30 1982

BY Leslie A. Clement

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 deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able on new and recompleted 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. Form C-104 must be filled for each pool in multi-

