NO. DE COPIES RECEIVED	-	į
SANTA FE	NEW MEXICO OIL CO	ONSERVATION FOR ALLOWA
U.S.G.S.	AUTHORIZATION TO TRA	AND NSPORT OIL
LAND OFFICE		
TRANSPORTER GAS ;	_	
PROPATION OFFICE	-	
Operator Marbob Energy Cor	poration	
P. 0. Box 304. Ar	tesia, New Mexico 88210	
Reason(s) for filing (Check proper box,	Change in Transporter of:	Other
Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Conden	
If change of ownership give name	John R. Gray, P. O. Box	1046. Art
DESCRIPTION OF WELL AND	LEASE	
Lease Name	Well No. Pool Name, Including Fo	
N. G. Phillips-State Location		
Unit Letter E ; 231	O Feet From The North Line	and990
Line of Section 27 Tov	wnship 178 Range	28E
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	S Address (Give a
	Pipe LIne Division Singhead Gas (2) or Dry Gas (N. Freem Address (Give a
Phillips Petroleum Co	mpany	4th & Wa
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. J 27 178 28E	Is gas actually Yes
If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	
Designate Type of Completion		New Well Wo
Date Spudded	Date Compl. Ready to Prod.	Total Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pa
Perforations		
	TUBING, CASING, AND	
HOLE SIZE	CASING & TUBING SIZE	DE
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a)	ter recovery of to
Oll. WELL Date First New Oil Run To Tanks	Date of Test	psh or be for full Producing Meth
Length of Test	Tubing Pressure	Casing Pressur
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.
Actual Prod. During 1491	C 2510	
GAS WELL		I major Galdania
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condense
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressur
CERTIFICATE OF COMPLIAN	CE	
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVE
Commission have been complied to	with and that the information given a best of my knowledge and belief.	BY
		TITLE OIL

(Signature)

(Title)

(Date)

Agent

September 16, 1974

COMMISSION

Form C-104

SANTA FE	· · · · · · · · · · · · · · · · · · ·	REQUEST FOR ALLOWABLE				Supersedes Old C-104 and C-110 Effective 1-1-65				
FILE U.S.G.S.	, ,	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
LAND OFFICE		AUTHORIZATIO	N IO IKA	NOP OR I	OIL AND		-	Comp.		
TRANSPORTER GAS		RECEIVED								
OPERATOR	· ·					SF	P 1 7 1974			
Operator Operator	L					<u> </u>	., 1 10.,			
Marbob Ener	gy Corpor	ation					o G.G.			
	na. Artes	sia, New Mexic	n 88210			A.77				
Reason(s) for filing (Check p	roper box)	tu, wew nexte	0_00270		Other (Pleas	e explain)				
New Well Recompletion		Change in Transporte	er of: Dry Gas	s [i.			
Change in Ownership		Casinghead Gas	Conden	=	E	ffective	9-1-74			
If change of ownership give	name		_							
and address of previous ow		hn R. Gray, P	. 0. Box	1046,	Artesia	. N. M.				
. DESCRIPTION OF WEL	L AND LEA	SE		····		11::				
Lease Name		Well No. Pool Name				Kind of Lease State, Federa	o lorFee State	,	Lease No. B-2071	
N. G. Phillips-S	tate	o Artes	ia (Q G	DA /			20000		20/1	
Unit Letter $_\!$: 2310	_ Feet From The <u>No</u>	rthLine	e and	990	Feet From 7	The West			
Line of Section 27	Townshi	P 178	Range	28E	, NMPN	. Ec	ldy		County	
<u> </u>							·			
Name of Authorized Transpor	NSPORTER	or Condensate [TURAL GA	S Address	(Give address	to which approx	ed copy of this fo	orm is to b	be sent)	
				$N \cdot F$	reeman A	ve., Artes	sia, N. M. Ded copy of this fo			
Navajo Refining Name of Authorized Transpor			Gas 🚞	1				irm is to b	be sent)	
Phillips Petrol	Un		P.ge.		tually connect		ssa, T _e xas			
If well produces oil or liquid give location of tanks.	!	r 27 17	S 28E		Yes		5 - 15 - 62		· · · · · · · · · · · · · · · · · ·	
If this production is commi	ngled with th	at from any other lea	ase or pool,	give comr	mingling orde	r number: P	C - 156		b	
COMPLETION DATA		Oil Well	Gas Well	New Well		Deepen		me Res'v.	Diff. Res'v.	
Designate Type of C			1	Total De			P.B.T.D.		<u> </u>	
Date Spudded	Da	te Compl. Ready to Pro	Ja.	Total De	p					
Elevations (DF, RKB, RT, G	R, etc.; Na	me of Producing Forma	tion	Top Oil/	Gas Pay		Tubing Depth			
Perforations							Depth Casing S	hoe		
				CEWEN.	TING RECOFT DEPTH S		SACK	SCEME	NT.	
HOLE SIZE		CASING & TUBIN	G SIZE		<i>DE7</i> 111 3					
							 			
. TEST DATA AND REQ	UEST FOR	ALLOWABLE (T	est must be a	ter recove	ry of total vol	ume of load oil	and must be equa	to or exc	seed top allow	
Oll. WELL Date First New Oil Run To		at te of Test	ole for this de		or full 24 hour	s) w, pump, gas li	ft, etc.)			
Date Flist New On Null 10										
Length of Test	Tu	bing Pressure		Casing F	ressure		Choke Size			
Actual Prod. During Test	Oil	-Bbis.		Water - 3	bls.		Gas - MCF			
•				<u> </u>						
CAG WOT Y										
GAS WELL Actual Prod. Test-MCF/D	Le	ngth of Test		Bbls. Co	ndensate/MMC	F	Gravity of Cond	ienzate		
Testing Method (pitot, back	prod To	bing Pressure (Shut-	(a)	Casing F	ressure (Shui	t-in)	Choke Size			
testing Memod (broth once					.	-	<u></u>			
I. CERTIFICATE OF COM	IPLIANCE						TION COMM	ISSION		
		1.61	one enunting	APPR	OVED S	EP 24 19	1/4	, 11 ·	9	
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.			1 1. Tressett							
above is true and comple	te to the be	st of my knowledge	and Dellel.	BY		OAR INCOL	TOP			
/	1			11		GAS INSPE			1104	
		. 7		T	his form is t	o be filed in	compliance with	HULE		

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.

Fitl 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