

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO EXPORT OIL AND NATURAL GAS

RECEIVED

JAN 30 1975

O. C. C.
ARTESIA, OFFICE

DISTRIBUTION	5
STATE	1
FEDERAL	1
G.S.	
D OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	1
PRORATION OFFICE	

I. OPERATOR

Operator: **Marbob Energy Corporation**

Address: **P. O. Box 304, Artesia, New Mexico 88210**

Reason(s) for filing (Check proper box)

New Well Change in Transporter of: Oil Gas

Recompletion Other (Please explain)

Change in Ownership Casinghead Gas

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name: N. G. Phillips State	Well No.: 8	Pool Name: East Empire Yates SR	Kind of Lease: State	Lease No.: B-2071
Location: E 2310	Feet From The: North	990	Feet From The: West	
Line of Section: 27	Township: 17S	Range: 28E	NMPM: Eddy	County: _____

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate _____	Give address to which approved copy of this form is to be sent) North Freeman Ave., Artesia, New Mexico
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas _____	Give address to which approved copy of this form is to be sent) 4th & Washington, Odessa, Texas
If well produces oil or liquids, give location of tanks. Unit: J Sec: 27 Twp: 17S Rng: 28E	Is it actually connected? Yes When: 1-20-75

IV. COMPLETION DATA

Designate Type of Completion - (X) Oil Well Gas Well _____ Workover _____ Deepen _____ Plug Back Same Res'v. _____ Diff. Res'v.

Date Spudded _____ Date Compl. Ready to Prod. **1-15-75**

Elevations (DF, RKB, RT, GR, etc.) **3664 GL** Name of Producing Formation **Seven Rivers** P.B.T.D. **870**

Perforations **762 - 783** Gas Pay **762** Tubing Depth **845**

Depth Casing Shoe **800**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10"	8 5/8"	450 (Already in hole)	
8"	4 1/2"	845	10050
	2" Tubing	800	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be run for a minimum of total volume of load oil and must be equal to or exceed top allowable for this well for full 24 hours)

Date First New Oil Run To Tanks **1-16-75** Date of Test **1-23-75**

Length of Test **24 hours** Tubing Pressure **Pump**

Actual Prod. During Test **20** Oil-Bbls. **20** Gas-MCF _____

GAS WELL

Actual Prod. Test-MCF/D _____	Length of Test _____	Pressure/MMCF _____	Gravity of Condensate _____
Testing Method (pitot, back pr.) _____	Tubing Pressure (Shut-in) _____	Pressure (Shut-in) _____	Choke Size _____

VI. CERTIFICATE OF COMPLIANCE

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.

Alvin Danielson
(Signature)
Agent
(Title)
Jan 30, 1975
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN 31 1975**

W. A. Gessert
(Signature)
SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

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, name or number, or transporter, or other such change of condition.