

|                  |     |
|------------------|-----|
| DISTRIBUTION     | 5   |
| TA FE            | 1   |
| G.S.             | 1   |
| D OFFICE         |     |
| TRANSPORTER      | OIL |
|                  | GAS |
| OPERATOR         | 1   |
| PRORATION OFFICE |     |

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO EXPORT OIL AND NATURAL GAS

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

RECEIVED

JAN 30 1975

O. C. C.  
ARTESIA, OFFICE

I. 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 ☒ Casinghead Gas ☐  
Change in Ownership ☐ Other (Please explain)  
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|   |                        |  |  |                              |
|---|------------------------|--|--|------------------------------|
| Lease Name<br><b>N. G. Phillips State</b> | Well No.<br><b>8</b>   | Pool Name<br><b>East Empire Yates SR</b> | Kind of Lease<br>State, Federal or Fee<br><b>State</b> | Lease No.<br><b>B-2071</b>   |
| Location<br><b>Unit Letter E</b>          | <b>2310</b>            | Feet From The<br><b>North</b>            | <b>990</b>   | Feet From The<br><b>West</b> |
| Line of Section<br><b>27</b>              | Township<br><b>17S</b> | Range<br><b>28E</b>                      | NMPM,<br><b>Eddy</b>                                   | County                       |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

If this production is commingled with that from any other lease or pool

IV. COMPLETION DATA

|  |  |   |                               |                        |
|--|--|---|-------------------------------|------------------------|
| Designate Type of Completion - (X)<br><input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input checked="" type="checkbox"/> Same Res'v. <input checked="" type="checkbox"/> Diff. Res'v. <input checked="" type="checkbox"/> | Date Spudded   | Date Compl. Ready to Prod.<br><b>1-15-75</b>                          | Depth<br><b>1475</b>          | P.B.T.D.<br><b>870</b> |
| Elevations (DF, RKB, RT, GR, etc.)<br><b>3664 GL</b>   | Name of Producing Formation<br><b>Seven Rivers</b>                         | Gas Pay<br><b>762</b>   | Tubing Depth<br><b>845</b>    | Depth Casing Shoe      |
| Perforations<br><b>762 - 783</b>   |  |   |                               |                        |
| TUBING, CASING, AND CEMENTING RECORD   |  |   |                               |                        |
| HOLE SIZE<br><b>10"</b><br><b>8"</b>   | CASING & TUBING SIZE<br><b>8 5/8"</b><br><b>4 1/2"</b><br><b>2" Tubing</b> | DEPTH SET<br><b>450 (Already in hole)</b><br><b>845</b><br><b>800</b> | SACKS CEMENT<br><b>100.50</b> |                        |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

|   |                                |   |            |
|---|--------------------------------|---|------------|
| Date First New Oil Run To Tanks<br><b>1-16-75</b> | Date of Test<br><b>1-23-75</b> | (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) |            |
| Length of Test<br><b>24 hours</b>                 | Tubing Pressure<br><b>20</b>   | Flowing Method (Flow, pump, gas lift, etc.)<br><b>Pump</b>  | Choke Size |
| Actual Prod. During Test<br><b>20</b>             | Oil-Bbls.<br><b>20</b>         | Water   | 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) | Flowing 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.

**Agent**  
**Jan 30, 1975**  
(Signature)  
(Title)  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN 31 1975**  
**W. A. Smith**  
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 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.