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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
R. QUI... ALLOWABLE
ID
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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SEP 16 1975

I. Operator **Marbob Energy Corporation**

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

D. C. C.
ARTESIA, OFFICE

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Re-Entry	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>		
		Dry Gas	<input type="checkbox"/>		
		Condensate	<input type="checkbox"/>		

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 11-4-75 ✓
UNLESS AN EXCEPTION TO Rule 306
IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name Walker State	Well No. 2	Pool Name, including Formation Artesia Queen CB SA	Kind of Lease State, Federal or Fee	State State	B-2071
Location Unit Letter O	330	Feet From The South	1650	Feet From The East	
Line of Section 27	Township 17 S	Range 28 E	Eddy	NMPM,	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) North Freeman Avenue, Artesia, N. M.
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma
If well produces oil or liquids, give location of tanks.	Unit O Sec 27 Twp. 17 S Rng. 28 E Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-28-75	Date Compl. Ready to Prod. 9-4-75	Total Depth 2070	P.B.T.D. 2070					
Elevations (DF, RKB, RT, GR, etc.) 3665.85 GL	Name of Producing Formation Premier	Top Gas Pay 2040	Depth 1950					
Perforations 2040-50			Depth Casing Shoe 2070					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 5 1/2	CASING & TUBING SIZE 14 1/2	DEPTH SET 2070	Casing already cemented in with 584 sacks					
	2 3/8	1950						

V. 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 9-4-75	Date of Test 9-9-75	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 58	Oil - Bbl. 30	Water - Bbl. 6	Gas - MCF

GAS WELL

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

Deputy Hammond
Agent (Signature)

September 15, 1975

(Date)

OIL CONSERVATION COMMISSION

SEP 17 1975

APPROVED _____ 19 _____

BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT II

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.

