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OPERATOR	1
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
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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JAN 3 - 1975

I. Operator **O. C. C.**
Marbob Energy Corporation
Address **Artesia, New Mexico**
Box 304, Artesia, New Mexico

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate
 Other (Please explain) **Plug back oil well**

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pan Am State	Well No. 1	Pool Name, Including Formation East Empire Yates SR	Kind of Lease State, Federal or Fee State	Lease No. es - 7075
Location Unit Letter I ; 2310 Feet From The South Line and 330 Feet From The East Line of Section 28 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 <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1183 - Houston, Texas			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Corporation	Address (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 I	Sec. 28	Twp. 17S	Rge. 28E
	Is gas actually connected? Yes		When 1-1-75 5/15/63	

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	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v.	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded 11/25/74	Date Compl. Ready to Prod. 1/1/75	Total Depth 1999	P.B.T.D. 815'					
Elevations (DF, RKB, RT, GR, etc.) 3681 GL	Name of Producing Formation E. Empire Yates SR	Top Oil/Gas Pay 754 1/2'	Tubing Depth 815 783					
Perforations 754 1/2 - 777'	Depth Casing Shoe 815							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11"	8 5/8" casing	459'	60					
8"	4 1/2" casing	815'	50					
	2" tubing	783'						

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 1/1/75	Date of Test 1/1/75	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 15	Oil - Bbls. 15	Water - Bbls. 0	Gas - MCF approx 50

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.

Alois Goodson
(Signature)

Agent
(Title)

1/2/75
(Date)

OIL CONSERVATION COMMISSION

JAN 3 1975

APPROVED _____, 19____

BY **W. A. Grissett**

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.

Separate Forms C-104 must be filed for each pool in multiply