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

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

NOV 14 1974

I. Operator Marbob Energy Corporation

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

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well Name	<u>M. G. Phillips State</u>	Well No.	<u>12</u>	Pool Name, including Formation	<u>E. Empire Yates Seven Rivers</u>	Kind of Lease	<u>State</u>	Lease No.	<u>B-2071</u>
Location	<u>F</u>	<u>1650</u>	<u>North</u>	<u>1650</u>	<u>West</u>				
Unit Letter	<u>27</u>	Feet From The	<u>17S</u>	Line and	<u>28E</u>	Feet From The	<u>Eddy</u>		
Line of Section	<u>27</u>	Township	<u>17S</u>	Range	<u>28E</u>	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"/>	Address (Give address to which approved copy of this form is to be sent)	<u>P. O. Box 175, Artesia, New Mexico 88210</u>	
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/>	or Dry Gas	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	<u>4th & Washington, Odessa, Texas 79760</u>	
If well produces oil or liquids, give location of tanks.	Unit	Sec	Twp.	Range	Is gas actually connected?	When
	<u>J</u>	<u>27</u>	<u>17S</u>	<u>28E</u>	<u>Yes</u>	<u>11-4-74</u>
						<u>PC-156</u>

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)	<u>X</u>	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date	<u>8-15-74</u>	Date	<u>10-15-74</u>	Total Depth	<u>830'</u>	P.B.T.D.			
Elevations	<u>3054 B.T., GR, etc.</u>	Name of Producing Formation	<u>Seven Rivers</u>	Top Oil/Gas Pay	<u>771'</u>	Tubing Depth	<u>760'</u>		
Perforations	<u>771' - 777'</u>	Depth Casing Shoe	<u>828'</u>						
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	<u>4 1/2"</u>	CASING & TUBING SIZE	<u>4 1/2" Casing</u>	DEPTH SET	<u>828'</u>	SACKS CEMENT	<u>225 sacks</u>		
	<u>4 1/4"</u>		<u>2" Tubing</u>		<u>760'</u>				

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	<u>11-14-74</u>	Oil Run To Tanks	Date	<u>11-15-74</u>	Producing Method (Flow, pump, gas lift, etc.)	<u>Pump</u>	
Length of	<u>24 hours</u>	Tubing Pressure	<u>0</u>	Casing Pressure	<u>0</u>	Choke Size	<u>0</u>
Actual Prod.	<u>62 Bbls.</u>	Oil - Bbls.	<u>12</u>	Water - Bbls.	<u>50</u>	Gas - MCF	<u>Unknown</u>

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.

Agent

(Signature)

November 14, 1974

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 15 1974

BY

W. A. Gressett

TITLE

OIL AND GAS INSPECTOR

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