DISTRIBUTION SANTA FE FILE

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
	LAND OFFICE	RECEIVEL		
	TRANSPORTER GAS I	C to to En I V jii to		
	OPERATOR	JAN 3 - 1975		
I.	PRORATION OFFICE Operator Oper			
	Marbob Energy Corporation ARTESIA, OFFICE			
	Address			
	Box 304, Artesia, New Mexico Reason(s) for filing (Check proper box) Other (Please explain)			
	New Well	Change in Transporter of:		
	Recompletion	Oil 🚁 Dry Go	ıs 🔲	•
	Change in Ownership	Casinghead Gas Conder	nsate	
	If change of ownership give name and address of previous owner			
II.	DESCRIPTION OF WELL AND LEASE			
	Lease Name	Well No. Pool Name, Including F		2333
	State Location	3 E Empire Ya	tes SR State, Federa	State B-4575
	Unit Letter P ; 330 Feet From The South Line and 990 Feet From The Foot			
	Unit Letter Feet 1 toll The Eline did Feet 1 toll The			
	Line of Section 28 Tox	wnship 178 Range	28E , NMPM, Fady	County
III	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	ıs	
-11.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)
	Navajo Refining Compar	y Pipeline Division	N. Rreeman Ave. Artes: Address (Give address to which appro	ia. New Mexico
	Name of Authorized Transporter of Casinghead Gas or Dry Gas		Address (live address to which approved copy of this form is to be sent)	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.		nen
	give location of tanks.	P 28 178 281	yes !	12/2/74
	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	
	Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	10/15/74	12/29/74	800'	
	Elevations (DF, RKB, RT, GR, etc.,)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	3680 GL	Seven Rivers	734'	Depth Casing Shoe
	734-44 750-55 758-62			
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	8" 6"	7" casing 41" casing	502' 800'	None 150
		2" tubing	770'	None
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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)			
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)
	Z 1/1/75	1/1/75 Tubing Pressure	Pumo	Chaha Sir
	Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
	8	8	0	unknown now
	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
•	ODDERDIGATE AT COMMITTEE	OF.	OH CONSERVA	ATION COMMISSION
VI.	. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION JAN 3 1975	
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED 7/0	, 19
	Commission have been complied wabove is true and complete to the	with and that the information given	BY W. a. X	resset
	mayor an even somptone or an		SUPERVISOR, DIS	TRICT II
			TITLE	
	(Illain II.	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepen		
	CLOUL VY	ature)	well, this form must be accompa	anied by a tabulation of the deviation

Agent(Title) 1/2/75 (Date)

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