

DISTRIBUTION		
SA	TA	FE
E		
G.S.		
D	OFFICE	
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

APR 10 1975

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:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Sec. & Twp.	Kind of Lease	Lease No.
<b>Walker State</b>	<b>1</b>	<b>E. Empire Yates SR</b>	State, Federal or Fee	<b>B-2071</b>
Location	Unit Letter	Feet From The	Line	Feet From The
	<b>0</b>	<b>990</b>	<b>South</b>	<b>1650</b>
Line of Section	Township	Range	NMPM,	County
<b>27</b>	<b>178</b>	<b>28E</b>	<b>Bldy</b>	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>				
<b>Navajo Crude Oil Purchasing Co.</b>	<b>No. Freeman Ave., Artesia, N. M.</b>				
<b>Phillips Petroleum Co.</b>	<b>Bartlesville, Oklahoma</b>				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	When
	<b>0</b>	<b>27</b>	<b>178</b>	<b>28E</b>	

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	Gas Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<b>1 - 28 - 75</b>	<b>3 - 28 - 75</b>	<b>895'</b>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Depth of Gas Pay	Tubing Depth	Depth Casing Shoe			
<b>3666 GL</b>	<b>Seven Rivers</b>	<b>834 1/2</b>	<b>800'</b>	<b>895'</b>			
Perforations							
<b>834 1/2 - 846</b>							
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
<b>10"</b>	<b>7 5/8</b>	<b>575'</b>	<b>Pulled</b>				
<b>6 1/2"</b>	<b>4 1/2</b>	<b>885'</b>	<b>225</b>				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be order 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)

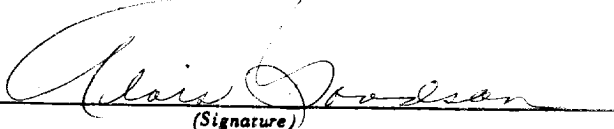
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
<b>4 - 7 - 75</b>	<b>4 - 6 - 75</b>	<b>Pump</b>
Length of Test	Tubing Pressure	Choke Size
<b>24 hrs.</b>		
Actual Prod. During Test	Oil-Bble.	Gas-MCF
<b>40</b>	<b>40</b>	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble-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.

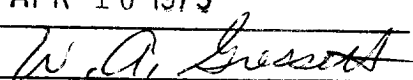
  
(Signature)

Agent  
(Title)

4/7/75  
(Date)

OIL CONSERVATION COMMISSION

APR 16 1975

APPROVED BY  19  
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.

