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8/ D OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COM JN  
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

JUL 6 1976

I. Operator **Marbob Energy Corporation** **O. C. C.**  
**ARTESIA, OFFICE**  
Address **Box 304, Artesia, N.M. 88210**  
Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>N G Phillips State</b>	Well No. <b>18</b>	Pool Name, including owners <b>Undes. East Empire Yates S R</b>	Kind of Lease State, Federal or Free <b>State</b>	Lease No. <b>B-2071</b>
Location Unit Letter <b>G</b> ; <b>2271.2</b> Feet From The <b>North</b> ; <b>2285.6</b> Feet From The <b>East</b> Line of Section <b>27</b> Township <b>17 S</b> Range <b>28 E</b> , NMPM, <b>Eddy</b> 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"/> <b>Navajo Refining Co., Pipeline Division</b>	Give address to which approved copy of this form is to be sent <b>P. O. Box 175, Artesia, N. M. 88210</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Co.</b>	Give address to which approved copy of this form is to be sent <b>4th &amp; Washington, Odessa, Texas 79760</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>J</b>	Sec. <b>27</b>	Twp. <b>17 S</b>	Range <b>28 E</b>	Is well actually connected? <b>yes</b>	When <b>6/18/76</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **PC-156**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	Shut-in Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <b>5/12/76</b>	Date Compl. Ready to Prod. <b>6/18/76</b>		Casing Depth <b>850</b>		P.B.T.D. <b>836'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3652.1 G L</b>	Name of Producing Formation <b>Seven Rivers</b>		Gas Pay <b>801</b>		Tubing Depth <b>814</b>			
Perforations <b>801-805 w/ 8 shots; 809-811 w/ 6 shots</b>					Depth Casing Shoe <b>836</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <b>10"</b>	CASING & TUBING SIZE <b>7"</b>		DEPTH SET <b>500'</b>		SACKS CEMENT <b>125 sx Lite, 75 sx 50/50 pozmix</b>			
<b>6 1/4"</b>		<b>4 1/2"</b>		<b>846'</b>				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be given to every 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 <b>6/18/76</b>	Date of Test <b>6/23/76</b>	Producing Method (Flow, pump, gas lift, etc.) <b>pump</b>	
Length of Test <b>24 hrs</b>	Tubing Pressure <b>pumping</b>	Casing Pressure <b>60</b>	Choke Size <b>TSTM</b>
Actual Prod. During Test <b>63</b>	Oil - Bbls. <b>3</b>	Gas - Bbls. <b>60</b>	Gas - MCF <b>TSTM</b>

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

*Donna Hammond*  
(Signature)  
**agent**  
(Title)  
**6/30/76**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 6 1976**, 19\_\_\_\_\_  
BY *John Mearns*  
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.

2017年12月15日

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