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D OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COM SION  
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 7 1976

I. **Operator**  
**Marbob Energy Corporation**  
**O. C. C.**  
**ARTESIA, OFFICE**  
Address  
**P. O. Box 304, Artesia, N. M. 88210**  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of ☐  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Other (Please Specify) ☒  
**CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 11:16  
UNLESS AN EXCEPTION TO  
IS OBTAINED**

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Delhi State</b>	Well No. <b>4</b>	Pool Name, Block, Sec. <b>Artesia Queen GB SA</b>	Kind of Lease State, Federal or Free <b>State</b>	Lease No. <b>B-4575</b>
Location Unit Letter <b>D</b> ; <b>968.9</b> Feet From The <b>North</b> <b>330</b> Feet From The <b>West</b> Line of Section <b>33</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 <b>Navajo Refining Company</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 <b>Phillips Petroleum Co.</b>	Give address to which approved copy of this form is to be sent <b>4th &amp; Washington, Odessa, Tx 79760</b>				
If well produces oil or liquids, give location of tanks.	Unit <b>D</b>	Sec. <b>33</b>	Twp. <b>17 S</b>	Range <b>28 E</b>	When <b>no</b>

If this production is commingled with that from any other lease or, not commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded <b>5-11-76</b>	Date Compl. Ready to Prod. <b>6-30-76</b>	2086		P.B.T.D. <b>2050</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3682.6 GL</b>	Name of Producing Formation <b>Premier</b>	1918-1938		Tubing Depth			
Perforations <b>1918-1938</b>				Depth Casing Shoe			
TUBING, CASING, AND GRADING RECORD							
HOLE SIZE <b>10"</b> <b>6 1/4"</b>	CASING & TUBING SIZE <b>8 5/8"</b> <b>4 1/2"</b>		DEPTH SET <b>492'</b> <b>2086'</b>		SACKS CEMENT <b>110 ex Class C</b> <b>475 ex 50/50 pozmix C</b> <b>2% gel, 8# salt, 5# sand</b>		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks <b>6/30/76</b>	Date of Test <b>7/1/76</b>	(Test must be a tabulation of total volume of load oil and must be equal to or exceed top allowable for this well to be for full 24 hours)	
Length of Test <b>24</b>	Tubing Pressure	pumping	
Actual Prod. During Test <b>80</b>	Oil - Bbls. <b>40 bbl</b>	40 bbl frac water	
		going in frac tanks will be connected w/ Phillips pipeline	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Shut-in 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.

*Anthony Hammond*  
(Signature)  
**Agent**

(Title)  
**July 7, 1976**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 7 1976**, 19  
*[Signature]*  
**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 taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowables on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, name or number, or transporter, or other such change of condition.

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