

DISTRIBUTION	5
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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

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

AUG 24 1976

O.C.C.
ARTESIA, OFFICE

Operator	Marbob Energy Corporation ✓	
Address	Box 304, Artesia, N. M. 88210	
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well	<input checked="" 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"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including location	Kind of Lease	Lease No.
N G Phillips State	20	East Empire Yates - S R	State, Federal or Fee State	B-2071
Location				
Unit Letter	P	965.2 Feet From The	South	330 Feet From The
Line of Section	27	Township	17 S	Range
			28 E	NMPM,
				Eddy 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"/>	Address (Give address to which approved copy of this form is to be sent)	
Navajo Refining Co., Pipeline Division	P O Box 175, Artesia, N M 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum Company	4th & Washington, Odessa, Texas 79760	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	J	27
	17S	28E
		yes
		8-5-76

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	Gas Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X	X						
Date Spudded	Date Compl. Ready to Prod.	Depth	P.B.T.D.				
6/15/76	8/5/76	910	890				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Gas Pay	Tubing Depth				
3665.5 GL	Seven Rivers	853	870				
Perforations	Depth Casing Shoe						
853-55 + 860-65	906						
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
10"	7"	500'					
6 1/4"	4 1/2"	906'	100 sx 11te & 75 sx				
			50/50 permix C				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be a tabulation of total volume of load oil and must be equal to or exceed top allowable for this depth or for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Flowing Method (Flow, pump, gas lift, etc.)	
8-5-76	8-18-76	pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	pumping		
Actual Prod. During Test	Oil - Bbls.	Gas - MCF	
43 bbl	25 bbl	18 bbl	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Oil - Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Sanethy Hammond
(Signature)

Agent

(Title)

8/23/76

(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 24 1976
BY *W.A. Gressett*
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 allowables 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.

