

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

MAY 20 1980

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.
ARTESIA, OFFICE

REGISTRATION	
LAND OFFICE	
TRANSPORTER	
OPERATION	
PRODUCTION OFFICE	

Marbob Energy Corp. ✓

Address
P.O. Box 304, Artesia, N.M. 88210

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐Designate
Transporter of:
Oil ☐
Casinghead Gas ☒Dry Gas ☐
Condensate ☐

Other (Please explain)

To show gas connection & transporter

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Abo	Well No. 2	Pool Name, including Formation East Empire Yates SR	Kind of Lease State, Federal or Fee State	Lease E-13
Location Unit Letter N 965.2 Feet From The South Line and 1639.4 Feet From The West Line of Section 27 Township 17S Range 28E N.M.P.M. Eddy				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Newajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) N. Freeman Ave Artesia N.M. 88210	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 27
	Top. 17	Rge. 28
	Is gas actually connected? Yes	
	When 5/13/80	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reentry	Other
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.D.T.D.			
Elevations (DP, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Performance						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed
11% 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given
above is true and complete to the best of my knowledge and belief.

Carolyn [Signature]

Production Clerk

5/20/80

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 21 1980
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 deep
well, this form must be accompanied by a tabulation of the devi-
l tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for a
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of
well name or number, or transporter, or other such change of con-Separate Forms C-104 must be filed for each pool in mul-
ti-completed wells.