

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED ^{Form C-104} _{Revised 11-1-78}
OCT 28 1983
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
NATURAL GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
REGISTRATION OFFICE	

I. Operator
Marbob Energy Corporation ✓

Address
P.O. Drawer 217, 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 <u>Sunray State</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Red Lake Qn Grbg SA</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-11593</u>
Location Unit Letter <u>L</u> : <u>2075</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line of Section <u>27</u> Township <u>17S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> 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"/> <u>The Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 838, Hobbs, N.M. 882410</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Penbrook, Odessa, Texas 79762</u>
If well produces oil or liquids, give location of tanks. Unit <u>L</u> Sec. <u>27</u> Twp. <u>17S</u> Rge. <u>28E</u>	Is gas actually connected? <u>Yes</u> When <u>10/20/83</u>

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New 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 <u>10/8/83</u>	Date Compl. Ready to Prod. <u>10/20/83</u>	Total Depth <u>2900'</u>	P.B.T.D. <u>2899'</u>					
Elevations (DF, RNB, RT, GR, etc.) <u>3682.3' GR</u>	Name of Producing Formation <u>San Andres</u>	Top Oil/Gas Pay <u>2345'</u>	Tubing Depth <u>2752'</u>					
Perforations <u>2345-2709' per attached</u>						Depth Casing Shoe <u>2900'</u>		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12 1/4"</u>	<u>8 5/8" 24#</u>	<u>507'</u>	<u>350, circ. 100</u>					
<u>7 7/8"</u>	<u>5 1/2" 15.50#</u>	<u>2900'</u>	<u>750, circ. 75</u>					
	<u>2 7/8"</u>	<u>2752'</u>						

V. 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 top all able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>10/20/83</u>	Date of Test <u>10/21/83</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>		
Length of Test <u>24 hrs.</u>	Tubing Pressure	Casing Pressure	Choke Size <u>to pipeline</u>	
Actual Prod. During Test <u>64</u>	Oil-Bbls. <u>24</u>	Water-Bbls. <u>40</u>	Gas-MCF <u>to pipeline</u>	

Post TD-2
11-4-83
Camp & BK

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Carol Davis
(Signature)
Production Clerk
(Title)
10/25/83
(Date)

OIL CONSERVATION DIVISION
OCT 31 1983
APPROVED _____, 19____
Original Signed By
BY Leslie A. Clements
Supervisor District II
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat ions taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditi on.
Separate Forms C-104 must be filed for each pool in multi-completed wells.

Marbob Energy Corp.
Sunray State #2
Perforations

2345'	2601'
2349'	2602'
2354'	2608'
2358'	2609'
2364'	2619'
2368'	2620'
2376'	2640'
2379'	2645'
2382'	2650'
2385'	2661'
2392'	2665'
2397'	2671
2398'	2674'
2410'	2697'
2412'	2708'
2419'	2709'
2423'	
2434'	
2435'	
2440'	
2446'	
2449'	
2452'	
2458'	
2522'	
2527'	
2529'	
2549'	
2554'	
2559'	
2563'	
2568'	
2574'	
2576'	
2581'	
2586'	
2587'	
2588'	
2595'	
2596'	