

OIL CONSERVATION DIVISION  
P. O. BOX 2080  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

RECEIVED BY

DEC 01 1983

O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR  
Operator

Marbob Energy Corporation ✓

Address  
P.O. Drawer 217, 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 ☐ Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name NG Phillips St.	Well No. 35	Pool Name, Including Formation Artesia On Grbg SA	Kind of Lease State, Federal or Fee State	Lease No. B-2071
Location Unit Letter <u>G</u> ; <u>2271</u> Feet From The <u>North</u> Line and <u>2200</u> Feet From The <u>East</u> Line of Section <u>27</u> Township <u>17S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing, Trucking	Address (Give address to which approved copy of this form is to be sent) P.O. Dr. 175, Artesia, N.M. 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	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 G	Sec. 27	Twp. 17S	Rge. 28E	Is gas actually connected? Yes	When 11/14/83

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 10/24/83	Date Compl. Ready to Prod. 10/30/83 11-11-83		Total Depth 2956'		P.B.T.D. 2943'			
Elevations (DF, RKB, RT, GR, etc.) 3651.3' GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 2406'		Tubing Depth 2704'			
Perforations 2406-2684' per attached					Depth Casing Shoe 2956'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 24#	545'	350 sax, circ. 35
7 7/8"	5 1/2" 17#	2956'	750 sax, circ. 40
	2 7/8"	2704'	

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 11/14/83	Date of Test 11/15/83	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 114	Oil-Bbls. 21	Water-Bbls. 93	Gas-MCF to pipeline

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shot-)	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 Perez*  
(Signature)

Production Clerk  
(Title)

11/18/83  
(Date)

CONSERVATION DIVISION

DEC 05 1983

APPROVED  
Original Sign  
BY Leslie A. Clem  
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 tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all- able 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 condi-  
Separate Form C-104 must be filed for each pool in multi-  
connected wells.

