

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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.D.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

Operator
Marbob Energy Corp. ✓Address
P.O. Dr. 217, Artesia, N.M. 88210

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter oil:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Gillespie St.	Well No. 5	Pool Name, including Formation Red Lake Qn Grbg SA	Kind of Lease State, Federal or Fee	State	Lease No. B-2071
Location					
Unit Letter A	330	Feet From The North	Line and 1295	Feet From The East	
Line of Section 27	T. or Township 17S	Range 28E	NMPM, Eddy	County	

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 Co., 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 A	Sec. 27	Twp. 17S	Rge. 28E	Is gas actually connected? Yes
					When 4/30/84

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 Restv.	Diff. Restv.
X	X		X					
Date Spudded 3/24/84	Date Compl. Ready to Prod. 4/30/84	Total Depth 3026'	P.B.T.D. 3004'					
Elevations (DF, RKB, RT, GR, etc.) 3605.3' GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 2254'	Tubing Depth 2664'					
Perforations 2254-2644', attached			Depth Casing Shoe 3026'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 24#	504'	350 sack
7 7/8"	5 1/2" 15.50#	3026'	650 sack
	2 7/8"	2664'	None

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 allowable for this depth or be for full 24 hours)

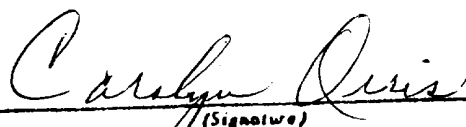
Date First New Oil Run To Tanks 4/30/84	Date of Test 5/1/84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 45	Oil-Bbls. 15	Water-Bbls. 30	Gas-MCF To pipeline

GAS WELL

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



Production Clerk

(Title)

5/3/84

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 14 1984

Original Signed By
Linda A. Clements
Supervisor District #

TITLE

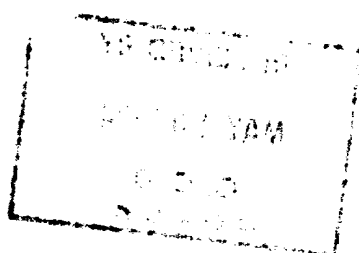
This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable 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.

Separate Forms C-104 must be filed for each pool in multiple completed wells.



ASST. DIR. : _____
 CHIEF OF BUREAU : _____
 ASST. CHIEF OF BUREAU : _____
 ASST. TO DIR. : _____

Marbob Energy Corp.
Gillespie St. #5
Perforations

2254'
2260'
2277'
2289'
2318'
2331'
2339'
2347'
2353'
2355'
2364'
2369'
2380'
2385'
2391'
2399'
2412'
2426'
2440'
2462'
2466'
2472'
2483'
2486'
2490'
2496'
2500'
2506'
2511'
2514'
2519'
2528'
2535'
2540'
2548'
2552'
2556'
2564'
2591'
2598'
2604'
2607'
2615'
2634'
2644'
2627'