

OIL CONSERVATION DIVISION

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

RECEIVED BY

Form C-104

Revised 10-1-78

JAN 25 1985

O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PROMOTION OFFICE	

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 <input checked="" type="checkbox"/>	Change in Transporter of:	CASH/HEAD GAS MUST NOT BE	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	IN USE AFTER 3-30-85	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	UNLESS AN EXCEPTION TO:	
	Dry Gas <input type="checkbox"/>	RULE 306 IS OBTAINED	
	Condensate <input type="checkbox"/>		

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name M.C. State	Well No. 1	Pool Name, including Formation Red Lake Qn Grbg SA	Kind of Lease State, Federal or Fee State	Lease No. V-176
Location				
Unit Letter J	2310	Feet From The South	Line and 2310	Feet From The East
Line of Section 23	T. mship 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"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Co.	P.O. Box 159, Artesia, N.M. 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit J
	Sec. 23
	Twp. 17S
	Rge. 28E
	Is gas actually connected? NO
	When

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 Res'v.	Diff. Res'v.
Date Spudded 12/7/84	Date Compl. Ready to Prod. 12/28/84	Total Depth 3525'	P.B.T.D. 3357'					
Elevations (DF, RKB, RT, GR, etc.) 3700.4' GR	Name of Producing Formation Grayburg, San Andres	Top Oil/Gas Pay 2147'	Tubing Depth 2950'					
Perforations 2147-2912' attached	Depth Casing Shoe 3506'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 24#	499'	350 sax
7 7/8"	5 1/2" 15.50#	3506'	700 sax
	2 7/8"	2950'	

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 greater than allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 12/8/84	Date of Test 12/9/84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 29	Oil - Bbls. 29	Water - Bbls. frac wtr	Gas - MCF 110

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.

*Carol Durcella*  
(Signature)

Production Clerk

(Title)

1/24/85

(Date)

OIL CONSERVATION DIVISION

JAN 30 1984

APPROVED \_\_\_\_\_, 19

BY \_\_\_\_\_  
Original Signed By  
Luis A. Clements

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 deepens 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 conditions. Separate Forms C-104 must be filed for each pool in multiple.

Marbob Energy Corporation  
M.C. STATE #1  
Perforations

2147	2684
2149	2704
2151	2710
2153	2724
2155	2730
2162	2753
2169	2768
2204	2777
2228	2790
2234	2796
2236	2801
2252	2803
2260	2811
2266	2829
2274	2831
2306	2837
2318	2841
2339	2844
2358	2852
2370	2854
2464	2864
2489	2882
2494	2894
2510	2912
2515	
2518	
2530	
2534	
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