

RECEIVED BY  
SANTA FE, NEW MEXICO 875  
JUN 26 1986  
O. C. D.  
ARTESIA

P. O. BOX 2088  
SANTA FE, NEW MEXICO 875  
REQUEST FOR ALLOWABLE  
AND  
ARTESIA

OPERATOR

LAND OFFICE

TRANSPORTER

PRODUCTION OFFICE

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Marbob Energy Corporation

P.O. Drawer 217, Artesia, NM 88210

Reason(s) for filing (Check proper box)

Designate

Other (Please explain)

Recompletion

Change in Ownership

Change well name from: Gulf State #1 to: Morgan State #1

Effective date: 6-1-86

Change of ownership give name and address of previous owner

Collier Energy, Inc., P.O. Drawer R, Artesia, NM 88210

DESCRIPTION OF WELL AND LEASE

Well No. 1

Pool Name, including Formation Square Lake G SA

Kind of Lease State, Federal or Fee State

Lease No. B-11662

Location

Unit Letter A

990 Feet From The North Line and 330 Feet From The East

Line of Section 2 Township 17S Range 29E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Texas New Mexico Pipeline Co.

Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240

Name of Authorized Transporter of Casinghead Gas or Dry Gas

Address (Give address to which approved copy of this form is to be sent)

Is well produces oil or liquids, give location of tanks.

Unit A

Sec. 2

Twp. 17S

Rge. 29E

Is gas actually connected? No

When

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

COMPLETION DATA

Designate Type of Completion - (X)

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Producing Formations (DF, RKB, RT, GR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Perforations

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Past ID-3
			7-1-86
			Key Up + Well Name

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

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

AS 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

CERTIFICATE OF COMPLIANCE

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.

Signature of Production Clerk

June 19, 1986

OIL CONSERVATION DIVISION

APPROVED JUN 27 1986

Original Signed By Les A. Clements

TITLE Supervisor DISTRICT II

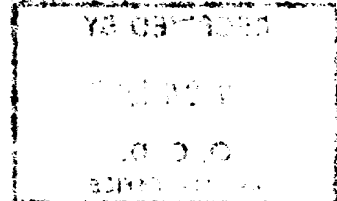
This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate 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 record.

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



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