

Oil Conservation Division

RECEIVED BY
FEB 19 1986
O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND
ARTESIANIZATION TO TRANSPORT OIL AND NATURAL GAS

Oil Conservation Division

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

Marbob Energy Corporation

P.O. Drawer 217, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

Other (Please explain)

Change in Transporter of:

Oil

Dry Gas

Coalinghead Gas

Condensate

Effective 2/1/86

Change of ownership give name and address of previous owner

Homer J. Kyle, P.O. Box 387, Lovington, N.M. 88260

DESCRIPTION OF WELL AND LEASE

Lease Name

Well No.

Pool Name, Including Formation

Kind of Lease

Lease

Atlantic State

1

Square Lake Grbq SA

State, Federal or Fee

State

OG-77

Location

Unit Letter

J

2310

Feet From The

South

Line and

1650

Feet From The

East

Line of Section

2

Township

17S

Range

29E

NMPM,

Eddy

Co

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

or Condensate

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 Coalinghead Gas

or Dry Gas

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

Sec.

Twp.

Rge.

Is gas actually connected?

When

J

2

17S

29E

No

COMPLETION DATA

Designate Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Res'v.

Diff. R.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Revisions (DF, RAB, 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

2-21-86

Chg Op Name

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 able for this depth or be for full 24 hours)

Date 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

GAS WELL

Actual Prod. Test-MCF/D

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

Testing Method (pistol, 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.

Carole J. Russell

(Signature)

Production Clerk

(Title)

2/11/86

(Date)

OIL CONSERVATION DIVISION

APPROVED

FEB 19 1986

Original Signed By

Les 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 deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of oil well name or number, or transporter, or other such change of condi

Separate Forms C-104 must be filed for each pool in mul recompleted wells.

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