

STATE OF NEW MEXICO  
DEPARTMENT OF  
LANDS  
LAND OFFICE  
TRANSPORTER  
OPERATIONS  
REGISTRATION OFFICE  
PERMIT

RECEIVED BY NTA

JUN 26 1986

A.C.D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Marbob Energy Corporation

Address

P.O. Drawer 217, Artesia, NM 88210

Reasons for filing (Check proper box)

Recompletion ☐  
Change in Ownership ☒

Designate

Change in Transporter of:

Oil ☒

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

Change well name from: State #2

to: C-State #2

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

| Lease Name | Well No. | Pool Name, including Formation | Kind of Lease<br>State, Federal or Fee | Lease No. |
|------------|----------|--------------------------------|--|-----------|
| C-State    | 2        | Grayburg Jackson SR-D-GSF      | State                                  | E-537     |

Location

Unit Letter J : 1650 Feet From The South Line and 2310 Feet From The East

Line of Section 33 Township 17S Range 29E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

State of Authorized Transporter of Oil ☒ or Condensate ☐

Koch Oil Company

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

P.O. Box 1558, Breckenridge, TX 76024

State of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐

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

| Well produces oil or liquids,<br>the location of tanks. | Unit | Sec. | Twp. | Rge. |
|---|------|------|------|------|
|   | J    | 33   | 17S  | 29E  |

Is gas actually connected? When

No

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't. | Diff. Res't. |
|------------------------------------|----------|----------|----------|----------|--------|-----------|-------------|--------------|
| Spudded                            |          |          |          |          |        |           |             |              |
| Producing (DF, RKB, RT, GR, etc.)  |          |          |          |          |        |           |             |              |
| Corrosions                         |          |          |          |          |        |           |             |              |

| Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|----------------------------|-------------|----------|
|                            |             |          |

| Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
|-----------------------------|-----------------|--------------|
|                             |                 |              |

| Depth Casing Shoe |
|-------------------|
|                   |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT       |
|-----------|----------------------|-----------|--------------------|
|           |                      |           | Post ID-3          |
|           |                      |           | 2-1-86             |
|           |                      |           | Chg Op & 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.) |
|----------------------------|--------------|---|
|                            |              |   |

| Depth of Test | Tubing Pressure | Casing Pressure | Choke Size |
|---------------|-----------------|-----------------|------------|
|               |                 |                 |            |

| Flow Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |
|------------------------|-----------|-------------|---------|
|                        |           |             |         |

AS WELL

| First Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
|------------------------|----------------|-----------------------|-----------------------|
|                        |                |                       |                       |

| Testing Method (pilot, 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.

DeWette Wallace  
(Signature)

Production Clerk  
(Title)

June 19, 1986  
(Date)

OIL CONSERVATION DIVISION

JUN 27 1986

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

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

TITLE \_\_\_\_\_  
Supervisor District 11

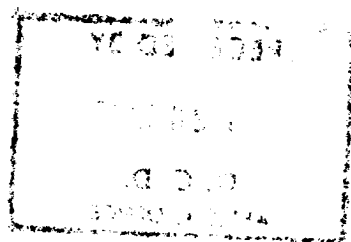
This form is to be filed in compliance with RULE 1104.

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 condition.

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



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