

FILE	/
U.S.G.S.	/
LAND OFFICE	/
TRANSPORTER	OIL / GAS /
OPERATOR	/
PRORATION OFFICE	/

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes OIA 1-114 and 1-115  
Effective 1-1-65

RECEIVED

DEC 12 1977

Operator MARBOB ENERGY CORPORATION	
Address P. O. BOX 304, ARTESIA, NEW MEXICO 88210	
B. E. C. ARTESIA, OFFICE	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Waterflood Unit	
If change of ownership give name and address of previous owner KERSEY & COMPANY, BOX 316, ARTESIA, N. M. 88210	

II. DESCRIPTION OF WELL AND LEASE				
Lease Name OLD LOCO UNIT	Well No. 12	Pool Name, including Formation Grayburg-Jackson	Kind of Lease State, Federal or Fee	Lease No. B-4918
Location Unit Letter L : 2310 Feet From The Southline and 990 Feet From The West				
Line of Section 32 Township 17S Range 29E, NMPM, EDDY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma 74004
If well produces oil or liquids, give location of tanks. Unit J Soc. 32 Twp. 17 Rge. 29	Is gas actually connected? When Central battery connected April 1966

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

IV. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (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

V. 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED DEC 28 1977, 19	
Secretary-Treasurer December 1, 1977		BY W. A. Gressett 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 deviation 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.	