	OIL CONSERVATION DIVI ON P. O. BOX 2008			form C-104 Revised 10-1-78	
	SANTA FE, NEW	V MEXICO 87501		BECEWED	
				RECEIVED BY	ł
IRANSPORTER DIL U	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			MAY 01 1984	
OPERATOR PROMATION OFFICE					
Marbob Energy Corpo	ration V			ARTESIA, OFFICE	
Address P.O. Drawer 217, Ar	tesia, N.M. 88210				
Reeson(s) for filing (Check proper bo New Well	t) Change in Transporter of:	Other (Please	e explain)		
Recompletion	Cut X Dry Go		ctive 5/1/	84	
Change in Ownership	Cesinghead Ges Conder				
and address of previous owner					
DESCRIPTION OF WELL ANI	Well No. Pool Name, Including r		Kind of Lease		Lease No.
Old Loco Unit	2 Grayburg Jacks	on SR-Qn-G-SA	State, Føderel	or Foo State	<u>OG-181</u>
Unit Letter B : 990	Feet From The <u>North</u> Lin	e end	Feet From 1	he East	
Line of Section 32 T	mahip 175 Range	29E . NMPN	, Eddy		County
DESIGNATION OF TRANSPOL	TER OF OIL AND NATURAL GA	Andress (Give address	to which approv	ed copy of this form is t	o be sent)
Name of Authorized Transporter of C Navajo Crude Oil Pu	Address (Give address to which approved copy of this form is to be sent) P.O. Dr. 175, Artesia, N.M. 88210				
Name of Authorized Transporter of Casinghead Gas () or Dry Gas Phillips Petroleum Co.		Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa; Texas 79762			
If well produces oil or liquide,	Unit Sec. Twp. Rge. J 32 175 29E				
give location of tanks. If this production is commingled w	with that from any other lease or pool,			· · · · · · · · · · · · · · · · · · ·	
COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	[†] Plug Back [†] Same Res	'v. Diff. Res
Designate Type of Complet	Date Compl. Ready to Prod.	Total Depth	۶ ل	P.B.T.D.	
	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.,				Depth Casing Shoe	
Perforations					
HOLESIZE	TUBING, CASING, AN	D CEMENTING RECO		SACKS CEN	
					· · · · · · · · · · · · · · · · · · ·
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be e	fier recovery of socal vol	ume of load oil	i and must be equal to pre	exceed top all
OIL WELL Date First New Oil Bun To Tonss	Date of Test	epth or be for full 24 hour producing Method (Flo	(4)		
		Casing Pressure		Choke Size	
Length of Test	Tubing Pressure		<u></u>	Gae - MCF	
Actual Pred. During Test	Oll-Bale.	Water-Bbis.			
GAS WELL Actual Prod. Tool-MCF/D	Length of Teel	Bbis. Condensate/MMC	CF	Gravity of Condensate	
Testing Method (pitol, back pr.)	Tubing Pressue (Shut-in)	Casing Pressure (5hu	t-in)	Choke Size	
CERTIFICATE OF COMPLIA	NCE		CONSERVA	LIN DIVISION	
	•	APPROVED	AY 0 3 19	84	19
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.		Original Signed By			
		TITLE Supervisor District #			
		This form is	to be filed in	compliance with RUL	E 1104.
alohn	an	If this is a re	quest for allo	wable for a newly drill inted by a tabulation (ied or deeper of the deviat
• •	(noiwe)	I tests taken on the	well in buco	mance with norse of	••
Production Clerk (Tule)		All sections of this form must be filled out completely for allo able on new and recompleted wells.			
4/.	Fill out only Sections 1, 11, 111, and VI for changes of own well name or number, or transporter, or other such change of conditi- Separate Forms C-104 must be filed for each pool in multi-				
•	Duiej	Separate For consilered wells.	n s C-104 nius	ef fom ifter for mørte f	