

OIL CONSERVATION DIVISION

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SANTA FE, NEW MEXICO 8756

JAN 14 1987

O. C. D.

REQUEST FOR ALLOWABLE
AND

ARTESIAN PERMIT TO TRANSPORT OIL AND NATURAL GAS

Marbob Energy Corporation

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

Reasons for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Dry Gas ☐Casinghead Gas ☐Condensate ☐

Other (Please explain)

Effective 1/1/87

Change of ownership give name

Address of previous owner

Tom L. Ingram, P.O. Box 1757, Roswell, N.M. 88201

DESCRIPTION OF WELL AND LEASE

Well Name Drewery	Well No. 1	Pool Name, Including Formation Square Lake-G-SA	Kind of Lease State, Federal or Fee Fed.	Lease No. NM-7752
Section Section Letter C ; 330 Feet From The North Line and 1980 Feet From The West				
Line of Section 6 Township 17S Range 30E , NMPM, Eddy County				

TRANSPORTATION OF TRANSPORTER OF OIL AND NATURAL GAS

Approved Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, N.M. 88241					
Approved Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Well produces oil or liquids, or both, or gas only	Unit F	Sec. 6	Twp. 17S	Rge. 30E	Is gas actually connected? No	When

If 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.
Completed	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Methods (DF, RAB, RT, CR, etc.)	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
			1-23-87
			chg op

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)

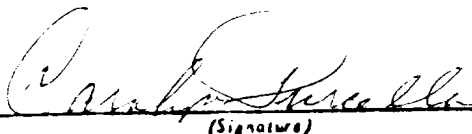
Test New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Date of Test	Tubing Pressure	Casing Pressure	Choke Size
Prod. Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

AS WELL

Test P.R.G. 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

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 is true and complete to the best of my knowledge and belief.



(Signature)

Production Clerk

(Title)

1/12/87

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 16 1987, 19BY Original Signed By

Leslie 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 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.

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