

OIL CONSERVATION DIVISION

P. O. BOX 2088

ALBUQUERQUE, NEW MEXICO 87501

RECEIVED BY

JAN 10 1986

REQUEST FOR ALLOWABLE  
AND

NOTIFICATION TO TRANSPORT OIL AND NATURAL GAS  
ARTESIA OFFICE

Marbob Energy Corporation

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

Reason(s) for filing (Check proper box)

Change in Transporter of:  
Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☒

Other (Please explain)

Change of ownership give name and address of previous owner ARCO Oil & Gas Co., P.O. Box 1710, Hobbs, N.M. 88240

DESCRIPTION OF WELL AND LEASE

Lease Name F.M. Robinson	Well No. 1	Pool Name, Including Formation Grayburg-Upper Penn	Kind of Lease State, Federal or Fee State	Lease No. B-7596
Location Unit Letter E ; 1850 Feet From The North Line and 660 Feet From The West Line of Section 27 Township 17S Range 29E , NMPM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> TA	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized 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)
Is well produces oil or liquids, give location of tanks.	Is gas actually connected? When

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'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Deviation (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Deviation					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			First FD-2
			1-24-86
			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 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

AS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.

*Carolyn Purcell*  
(Signature)

Production Clerk

(Title)

1/9/86

(Date)

OIL CONSERVATION DIVISION

JAN 22 1986

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

BY \_\_\_\_\_ Original Signed By  
Les 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.



661-10-81  
10-10-10  
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