

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

DEC 27 1984

O. C. D.  
ARTESIA, OFFICEREQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DATE RECEIVED	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.D.S.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATION	<input checked="" type="checkbox"/>
REGISTRATION OFFICE	<input checked="" type="checkbox"/>

Operator

Marbob Energy Corporation

Address

P.O. Drawer 217, Artesia, N.M. 88210

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

## I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
G-J West Coop Unit	63	Grbg Jackson SR Q G SA	State, Federal or Fee State	B-10714
Location				
Unit Letter	M	330	Feet From The	South
Line of Section	22	T. mship	17S	Range
			29E	, NMPM, Eddy
				County

## II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Navajo Refining Co.	P.O. Box 159, Artesia, N.M. 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum Co.	4001 Penbrook, Odessa, Texas 79762	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	B	28
	Twp.	17S
	Rge.	29E
Is gas actually connected?	When	
Yes	12/17/84	

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

## III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
11/23/84	12/17/84		4550'		4521'			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3543.2' GR	Grayburg, San Andres		2235'		3276'			
Perforations					Depth Casing Shoe			
2235-3256' attached					4532'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 24#		340'		350, circ. 40			
7 7/8"	5 1/2" 15.50#		4532'		6000, circ. 350			
	2 7/8"		3276'					

IV. 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)

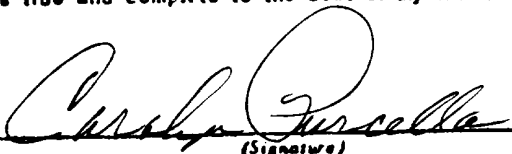
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12/17/84	12/18/84	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
301	71	frac wtr	230

## GAS 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

## V. 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.



Production Clerk

(Title)

12/26/84

(Date)

## OIL CONSERVATION DIVISION

APPROVED DEC 31 1984

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 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 name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple.

Marbob Energy Corporation  
G-J West Coop Unit #63  
Perforations

RECEIVED BY

DEC 27 1984

O. C. D.  
ARTESIA, OFFICE

2235	2902
2242	2924
2247	2936
2264	2940
2268	2953
2271	3002
2274	3010
2277	3034
2288	3042
2292	3056
2301	3064
2315	3079
2330	3087
2344	3109
2360	3126
2372	3132
2378	3153
2381	3172
2386	3178
2390	3190
2572	3195
2605	3213
2619	3222
2629	3230
2643	3234
2656	3246
2666	3252
2676	3256
2688	
2695	
2721	
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2801	
2808	
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