

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY

OCT 15 1985

O. C. D.
ARTESIA, OFFICE

Marbob Energy Corporation

Address

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

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
G-J West Coop Unit	69	Grbg Jackson SR Q G SA	State, Federal or Fee State	B-1266

Location

Unit Letter P; 25 Feet From The South Line and 990 Feet From The EastLine of Section 21 Township 17S Range 29E, NMPM, Eddy Cour

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., Pipeline	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 <u>B</u> Sec. <u>28</u> Twp. <u>17S</u> Rge. <u>29E</u>
Is gas actually connected?	When <u>9/28/85</u>

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Re <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
9/1/85	9/28/85	4335'	4300'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3560' GR	San Andres	2585'	3494'					
Perforations	Depth Casing Shoe							
2585-3474' attached	4313.63'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 24#	336.63'	250 sax
7 7/8"	5 1/2" 15.50#	4313.63'	2000 sax
	2 7/8"	3494'	

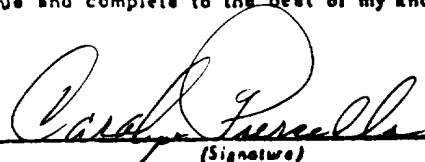
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
9/28/85	9/29/85	Pumping
Length of Test	Tubing Pressure	Casing Pressure
24 hrs.		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
	70	Spec water
		Gas-MCF
		to pipeline

AS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. 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
above is true and complete to the best of my knowledge and belief.

Production Clerk

(Title)

10/14/85

(Date)

OIL CONSERVATION DIVISION

OCT 17 1985

APPROVED _____, 19

Original Signed By

BY Les A. ClementsTITLE 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 deeper
well, this form must be accompanied by a tabulation of the deviat
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all
wells on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own
well name or number, or transporter, or other such change of conditSeparate Forms C-104 must be filed for each pool in multi
completed wells.

1. The first part of the document is a list of the names of the persons who have been appointed to the various offices of the city government. The names are listed in alphabetical order, and each name is followed by the office to which he or she has been appointed.

Marbob Energy Corporation
G-J West Coop Unit #69
Perforations

2585	3251
2602	3254
2607	3257
2617	3265
2620	3271
2625	3276
2632	3280
2637	3286
2644	3427
2655	3431
2663	3441
2675	3449
2705	3456
2731	3461
2754	3468
2776	3474
2790	
2796	
2830	
2846	
2914	
2926	
2938	
2952	
2983	
2990	
2996	
3009	
3030	
3049	
3075	
3096	
3114	
3122	
3167	
3183	
3192	
3202	
3206	
3216	
3220	
3230	
3244	

