

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE

RECEIVED BY
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JAN 3 1986

O. C. D.
ARTESIA, OFFICE

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DISTRIBUTION	
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PROMOTION OFFICE	
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 G-J West Coop Unit	Well No. 71	Pool Name, including Formation Grbg Jackson SR Q G SA	Kind of Lease State, Federal or Fee State	Lease B-1266
Location Unit Letter <u>L</u> : <u>2615</u> Feet From The <u>South</u> Line and <u>25</u> Feet From The <u>West</u> Line of Section <u>22</u> Township <u>17S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> Co				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Dr. 159, Artesia, N.M. 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 liquids, give location of tanks.	Unit B	Sec. 28
	Twp. 17S	Rge. 29E
	Is gas actually connected? Yes	When 12/28/85

If 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. <input type="checkbox"/>
Date Spudded 11/1/85	Date Compl. Ready to Prod. 12/28/85		Total Depth 4565'		P.B.T.D. 4536'			
Elevations (DF, RKB, RT, GR, etc.) 3557' GR	Name of Producing Formation Grayburg, San Andres		Top Oil/Gas Pay 2276'		Tubing Depth 3292'			
Perforations 2276-3272' attached					Depth Casing Shoe 4549.5'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 24#	296'	250
7 7/8"	5 1/2" 15.50#	4549.5'	2800
	2 7/8"	3292'	

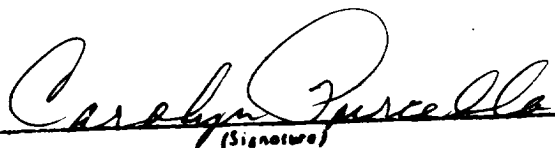
TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 12/28/85	Date of Test 12/29/85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size 1-17-86
Actual Prod. During Test 21	Oil-Bble. 12	Water-Bble. frac wtr	Gas-MCF to pipeline

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MCF	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)

1/1/86

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 16 1986, 19Original 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 deep
well, this form must be accompanied by a tabulation of the devi
tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for a
able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of o
well name or number, or transporter, or other such change of cond
Separate Forms C-104 must be filled for each pool in mu
compleated wells.