

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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SEP 08 '87

O.C.D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|-----------------------|-------------------------------------|
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| LAND OFFICE | |
| TRANSPORTER | <input checked="" type="checkbox"/> |
| OIL | <input checked="" type="checkbox"/> |
| GAS | <input checked="" type="checkbox"/> |
| OPERATOR | <input checked="" type="checkbox"/> |
| PRODUCTION OFFICE | |
| Operator | |

Marbob Energy Corporation

Address

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

Reason(s) for listing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter oil:

Oil ☒ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Effective October 1, 1987

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Raper Federal Well No. 1 Pool Name, including Formation Square Lake - Grbg - SA Kind of Lease State, Federal or Fee Fed. Lease No. NM-016786

Location

Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The EastLine of Section 11 Township 17S Range 29E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Pride Pipeline Company P. O. Drawer 2948, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
PP
If well produces oil or liquids, give location of tanks. Unit G Sec. 11 Twp. 17S Rge. 29E Is gas actually connected? Yes When 7/24/86

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 ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Some Res't. ☐ Diff. Res't. ☐
Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.B.T.D. _____
Elevations (DF, RKB, RT, GR, etc.) _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Tubing Depth _____
Perforations _____ Depth Casing Shoe _____

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-------------------------|----------------------|-----------|-----------------------|
| <u>Change Pool Name</u> | | | <u>Past ID-3</u> |
| | | | <u>9-11-82</u> |
| | | | <u>chg. to T. NRC</u> |

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.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

Past ID-3
10-9-87
chg. pool name

GAS WELL

| | | | |
|---------------------------|----------------|-----------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
|---------------------------|----------------|-----------------------|-----------------------|