

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

RECEIVED

State of New Mexico
Energy, Minerals and Natural Resources Department

JUN 02 1989

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

Santa Fe		
File		
Transporter		
Operator		

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Marbob Energy Corporation	Well API No. 30-015-26103
Address P. O. Drawer 217, Artesia, NM 88210	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Request Allowable Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name G-J West Coop Unit	Well No. 89	Pool Name, including Formation Grbg Jackson SR Q Grbg SA	Kind of Lease State, Federal or Foreign	Lease No. B-10714
Location Unit Letter E : 1345 Feet From The North Line and 25 Feet From The West Line Section 22 Township 17S Range 29E, NMPM, Eddy County				

III. 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. Drawer 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 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? 5/30/89

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4/24/89	Date Compl. Ready to Prod. 5/15/89		Total Depth 4428'		P.B.T.D. 4380'			
Elevations (DF, RKB, RT, GR, etc.) 3556' GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 2726'		Tubing Depth 4258'			
Perforations 2726-3295' attached					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 32#	193'	200 SX
7 7/8"	5 1/2" 17#	4402'	1800 SX
	2 7/8"	4258'	

V. 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 Tank 5/29/89	Date of Test 5/30/89	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 47	Oil - Bbls. 47	Water - Bbls. frac	Gas - MCF 120

GAS 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

VI. OPERATOR 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.

Signature Rhonda Nelson		Production Clerk	
Printed Name 6/1/89		Title 748-3303	
Date		Telephone No.	

OIL CONSERVATION DIVISION

Date Approved JUN 6 1989

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

MARBOB ENERGY CORPORATION

G-J West Coop Unit #89

Perforations

2726
2727
2757
2773
2793
2799
2821
2831
2851
2872
2895
2920
2936
2939
2948
2956
2960
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3100
3104
3106
3121
3130
3138
3150
3164
3174
3191
3195
3208
3216
3238
3292
3295

ARTESIA FISHING TOOL COMPANY

P. O. BOX 470 PHONE (505) 746-6651
470

ARTESIA, NEW MEXICO 88210

RECEIVED

JUN 02 '89

O. C. D.
ARTESIA, OFFICE

May 5, 1989

Marbob Energy
Drawer 217
Artesia, NM 88211

Re: G. J. West Coop Unit #89
1345' FNL & 25' FWL
Sec. 22, T17S, R29E
Eddy County, New Mexico

Gentlemen:

The following is a Deviation Survey for the above captioned well.

DEPTH	DEVIATION
205'	1/2°
530'	2°
707'	2 1/2°
1015'	2°
1270'	1°
1797'	1/2°
2292'	1/2°
2815'	3/4°
3167'	3/4°
3650'	1°
4218'	3/4°
4425'	1/2°

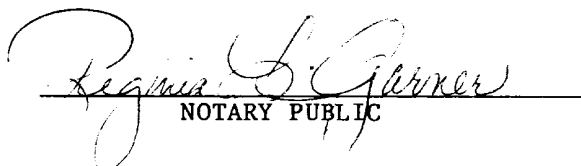
Very truly yours,



B. N. Muncy Jr.
Secretary

STATE OF NEW MEXICO §
COUNTY OF EDDY §

The foregoing was acknowledged before me this 5th day of May, 1989.



NOTARY PUBLIC

