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

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

CISE Form C-104
Revised 1-1-89

RECENTATIONS
RECENTATIONS

JUL 0 3 1991

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FO	OR ALLOWAE	BLE AND	AUTHORIZ	ZATION		A. OFFIC	-	
I.	TOTRA	NSPORT OIL	AND NAT	TURAL GA	S.				
Operator						Well API No.			
Marbob Energy Corpo			30-	-015-2674	3				
Address 217 A	rtogia NM 8	3210							
P. O. Drawer 217, A.	LLESIA, WH OU	3270	Othe	r (Please expla	in)				
Reason(s) for Filing (Check proper box) New Well	Change in	Transporter of:			·				
J. "•"	Oil 🗆	Dry Gas							
Recompletion Change in Operator	Casinghead Gas	Condensate							
If change of operator give name									
and address of previous operator								, '-	
Π. DESCRIPTION OF WELL	AND LEASE	- Formation King			d of Lease Lease		ase No.		
Lease Name	Well No. 79	ng Formation son SR Q	Grha SA		State, FEORINIVON Fee		B-1266		
G-J West Coop Unit		GIDG DACK	SOIL DIE Q	Oldy Di	,,, ,		1.2.1.9	· · · · · · · · · · · · · · · · · · ·	
Location	: 2310	Feet From The	North line	and 1/60	. Fe	et From The	East	Line	
Unit LetterG	_:2310	. Feet From the	, , , , , , , , , , , , , , , , , , ,	ARU					
Section 21 Townshi	ip <u>17S</u>	Range 29	PE, NI	ирм,	<u> </u>	Eddy		County	
			D. F. G. G						
III. DESIGNATION OF TRAN	ISPORTER OF O	L AND NATU	Address (Giv.	e address to wh	ich approved	copy of this form	is to be se	nt)	
Name of Authorized Transporter of Oil	or Conden	sate						•	
Navajo Refining Co.				P.O. Drawer 159, Artesia, NM 88210 Address (Give address to which approved copy of this form is to be sent)					
Interior of Authorized Transporter of County of County				4001 Penbrook, Odessa, TX 79762					
Phillips 66 Natural Gas Co If well produces oil or liquids. Unit Sec. Twp. Rge.				Is gas actually connected? When ?					
If well produces oil or liquids, give location of tanks.	B 28	17S 29E	yes						
If this production is commingled with that			ling order numb	жг:					
IV. COMPLETION DATA	•								
	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ime Res'v	Diff Res'v	
Designate Type of Completion		X	<u> </u>						
Date Spudded	Date Compl. Ready to	Total Depth			P.B.T.D.				
5/20/91	6/12/91	4490'			4406'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	Top Oil/Gas Pay 2637'			Tubing Depth 3407'				
3584.5' GR	San Andres	2037			Depth Casing Shoe				
Perforations	achad					4436'			
2637-3368' see att	TIRING	CASING AND	CEMENTI	NG RECOR	D	1			
110150175		CEMENTING RECORD DEPTH SET			SACKS CEMENT				
HOLE SIZE 12 1/4"	8 5/8"	CASING & TUBING SIZE				300 sx Pp 10-2			
	5 1/2"		443	6'		1800 sx 9-26-91			
7 7/8"	2 7/8"	3407'			camp + BM				
V. TEST DATA AND REQUE	ST FOR ALLOWA	ABLE				e denth or he for	full 24 hou	zs.)	
	recovery of total volume	of load oil and mus	Describe M	ethod (Flow, pu	mn eas lift.	etc.)	<i>J</i>	/	
Date First New Oil Run To Tank	Date of Test								
6/12/91	6/13/91		Casing Press			Choke Size			
Length of Test	Tubing Pressure								
24 hrs Actual Prod. During Test	Oil - Bbls.	Water - Bbls.			Gas- MCF				
Actual Prod. During Test	56	78			34				
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbls. Conden	sate/MMCF		Gravity of Condensate				
Actual Prod. 1est - MCF/D	Longer of Total								
Testing Method (pitot, back pr.)	Tubing Pressure (Shut	-in)	Casing Press	ure (Shut-in)		Choke Size			
			 					 	
VI. OPERATOR CERTIFIC	CATE OF COMP	LIANCE	\parallel α	OIL CON	ISERV	ATION D	IVISIO	NC	
I have by certify that the rules and regulations of the Oil Conservation				11					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Date Approved			JUL 1 9	JUL 1 9 1991		
	•								
Robin Smith				By ORIGINAL SIGNED BY					

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

<u>Production</u>

Signature Robin Smith

Printed Name 7/1/91

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title_

MIKE WILLIAMS

SUPERVISOR, DISTRICT IT

with Rule 111. All sections of this form must be filled out for allowable on new and recompleted wells.

Clerk

Title

748-3303 Telephone No.

- 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.

