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

State of New Mexico Energy, Minerals and Natural Resources Department

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	orm C		1.T
S	ee Insti	ruction	
	t Botto	m of P	ise PV
			N.

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JUL 0 3 1991

RECEIVED

DISTRICT III					
1000 Rio Brazos	Rd.	Aztec,	NM	87410	

REQUEST FOR ALLOWABLE AND AUTHORIZATION CO

ī	HEQU T	O TRAN	SPORT O	L AND NA	TURAL G	AS ARTI	D. G. D. Esia: Ofei:		
Operator	·	<u> </u>				Well	API No.		
Marbob Energy Corpor	ation					30	0-015-26	754	
Address									
P. O. Drawer 217, Ar	tesia,	NM 882	10						
Reason(s) for Filing (Check proper box)					er (Please expl	ain)			
New Well		Change in Tra							
Recompletion \square	Oil		y Gas 📙						İ
Change in Operator	Casinghead	Gas Co	ndensate						
f change of operator give name nd address of previous operator			<u> </u>						
•	ANDIEA	CE.							
I. DESCRIPTION OF WELL A		Well No. Po	ol Name, Includ	ing Formation		Kind	of Lease	L	ease No.
G-J West Coop Unit		- 1	Grbq Jack	-	Grbg SA	State,	Pademkor FM	B-107	714
Location	l.								
Unit LetterB	:165	<u>0 </u>	et From The	East_ Lin	e and <u>990</u>	Pe	et From The.	Nortl	Line
Section 22 Township	, 1	7S Ra	nge 29E	, NI	мрм,		Eddy		County
II. DESIGNATION OF TRANS	SPORTER	OF OIL	AND NATU	RAL GAS	e address to wi	hick approved	copy of this f	orm is to he se	nt)
Name of Authorized Transporter of Oil	\square	or Condensate		1					/-/
Navajo Refining Co.			D C []	Address (Civ	awer 159 e address 10 wl	, AITES.	come of this f	orm is to be se	nt)
Name of Authorized Transporter of Casing		X or	Dry Gas	1	enbrook,				-/
Phillips 66 Natural		Sec. Tw	p. Rge.			When	7		
If well produces oil or liquids, ive location of tanks.		•	75 29E	yes	,	į	6-2	9-91	
this production is commingled with that f	rom any othe	r lease or pool	give comming	ing order num	ber:				
V. COMPLETION DATA	,	•	-						
		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion -	· (X)	X	<u></u>	X	l	<u> </u>	I	I	
Date Spudded		. Ready to Pro	xd.	Total Depth			P.B.T.D. 4468'		
6/10/91	6/29/				4520'				
Elevations (DF, RKB, RT, GR, etc.)		oducing Forma	ation	1 -	Top Oil/Gas Pay Tubing Depth				
3567.7' GR	San A	ndres	<u> </u>	2673' 3384' Depth Casing Shoe					
Perforations							4470'		
2673-3351' see atta	ched	UDING C	SING AND	CEMENTI	NG RECOR	D	1 44/0		
1101 5 0175		ING & TUBI		CEMENTING RECORD DEPTH SET			SACKS CEMENT		
17 1/4"		3/8"	VG OILL	146'		150 sx lest ID-2			
12 1/4"		5/8"		843'		320 sx 7-12-91			
7 7/8"		1/2"		4470'		1200 SX campt BK			
		7/8"			3384 '		J		
. TEST DATA AND REQUES	T FOR A	LLOWAB	ĽE		4. 27		a dansk on he	for full 24 hou	-r 1
OIL WELL (Test must be after re	covery of lou	al volume of l	oad oil and mus	be equal to or	exceed top allow, pu	owable for int	ec)	(Or) MIT 24 NOM	73.7
Date First New Oil Run To Tank	Date of Test			Producing M		unp, gas 191, 1	٠.		
6/29/91		30/91		Casing Press	<u>pump</u>		Choke Size		
Length of Test	Tubing Pres	Pressure		Casing 1100					
24 hrs.		nii Dhie		Water - Bbls.		Gas- MCF			
Actual Prod. During Test Oil - Bbls.		49		85		29			
	49			<u></u>					
GAS WELL	19			Bbls. Conder	sale/MMCF		Gravity of C	Condensate	
Actual Prod. Test - MCF/D Length of Test		Bois. Condensation 1917							
Section Method (pitot, back pr.) Tubing Pressure (sure (Shut-in)	(Shut-in)		Casing Pressure (Shut-in)		Choke Size		
ting Method (pitot, back pr.) Tubing Pressure (Shut-in)									
T OPEN AMON CENTERIC	ATE OF	COMPLI	ANCE				471011	DN 4010	N 1
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation			(DIL CON	12FHA	AHON	DIVIDIC	אוע	
Division have been complied with and that the information given above			1			4	a 1001		
is true and complete to the best of my knowledge and belief.				Date	Approve	d	JUL 1	L 1351	
John Smila				By ORIGINAL SIGNED BY					
Signature Robin Smith Production Clerk				-, -		WILLIAN			
Robin Smith 1 Production Clerk Printed Name Title				Title SUPERVISOR, DISTRICT II					
7/2/91 748-3303				''''					
Date		Telepho	ne No.		Shares 1 11 Art	. 440			

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.