

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

RECEIVED

FEB 4 1982

O. C. D.  
ARTESIA, OFFICEREQUEST FOR ALLOWABLE  
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
DATE	1/1/82
BY	
U.S.	
NO. OFFICE	
TRANSPORTER	OIL
OR	GAS
ORIGIN	
ORIGIN OFFICE	
REMARKS	

Marbob Energy Corporation

P. O. Drawer 217, Artesia, NM 88210

Reason(s) for filing (Check proper box)

☐ Well  
☐ Completion  
☒ Change in Ownership

Change in Transporter of:

☐ Oil  
☐ Casinghead Gas  
☐ Dry Gas  
☐ Condensate

Other (Please explain)

Effective 1/1/82

Range of ownership give name

Address of previous owner Harlan Oil Company, P. O. Box 688, Artesia, NM 88210

## DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Federal G	1	Dayton (G) East	State, Federal or Fee	Federal NM025606

Unit Letter G : 2310 Feet From The N Line and 1650 Feet From The E

Line of Section 29 Township 18S Range 27E, NMPM, Eddy County

## SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Company	P. O. Box 175, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids, or location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	29	18	27	NO	

If 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	Same Hole	Fill hole
Spudded	Date Comp. Ready to Prod.	Total Depth	P.B.T.D.					
Locations (DE, RAB, RT, CR, etc.)	Name of Encasing Formation	Top Oil/Gas Pay	Tubing Depth					
Locations			Depth Casing Shoe					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

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
Val. Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

Posted ID-3  
Chng. Operator  
2-19-82

## NEW WELL

Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (Flow, 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 is true and complete to the best of my knowledge and belief.

## OIL CONSERVATION DIVISION

APPROVED FEB 15 1982

BY W. A. Grasset  
SUPERVISOR, DISTRICT II

TITLE

This form is to be filed in compliance with RULE 1004.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Deviation Forms C-104 must be filed for each pool in multiple.

Production Clerk

February 1, 1982