

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Superseding OIL C-104 and C
Effective 1-1-65

RECEIVED

MAY 18 1981

O. C. S.

ARTESIA OFFICE

51

Marbob Energy Corporation /

P.O. Box 304, Artesia, N.M. 88210

Reason(s) for filing (Check proper box)

New Well ☐

Change in Transporter oil

Recompletion ☐

Oil ☐

Dry Gas ☐

Change in Ownership ☒

Casinghead Gas ☐

Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

Donnelly Drilling Company, Inc.

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Permitted	Kind of Lease	Lease No.
Donnelly Kelly St.	2	Artesia Qm - 2nd - 1st	State, Federal or Free State	703-69
Location				
Unit Letter	0	330 Feet From The	South Line and	2310 Feet From The
Line of Section	8	Township	18S	Range
			28E	N.M.P.M.
			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)	
Navajo Crude Oil Purchasing Co.	Drawer 175, Artesia, N.M. 88210	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or Natural Gas, give location of tanks.	Unit	Sec.
	0	8
	Twp.	18S
	Range	28E
Is gas actually connected?	When	
No		

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	Same Reservoir, Partial
Date Spudded	Date Comp. Ready to Prod.		Total Depth		P.B.T.D.		
Elevations (Dr., A.B., RT, CR, 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

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lead oil and must be equal to or exceed top of allowable for this depth or be for full 24 hours)

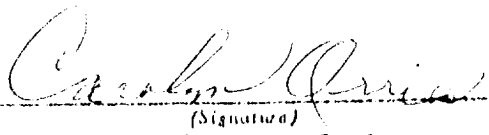
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Lbbs. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (lbwt-in)	Casing Pressure (lbwt-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



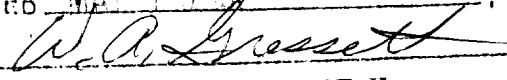
Production Clerk

5/15/81

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 19 1981

BY 
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

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

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

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