

C/SF

RECEIVED	3
TRANSPORTER	1
OPERATOR	1
PRODUCTION OFFICE	1

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

Form O-101
Superintendent
Effective 1-1-80
RECEIVED
DEC 1 1980
O. C. D.
ARTESIA, OFFICE

50

Operator MARBOB ENERGY CORPORATION /	
Address P.O. Box 304, Artesia, N.M. 88210	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Changes in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☒	Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner **Paul Slayton, P.O. Box 1936, Roswell, N.M. 88201**

DESCRIPTION OF WELL AND LEASE					
Lease Name Tract 9 West Artesia Grayburg Unit	Well No. 1	Pool Name, including Formation Artesia Grayburg	Kind of Lease State, Federal or Fee	State State	Lease OG-16
Location					
Unit Letter C	990	Feet From The North	Line and 2310	Feet From The West	
Line of Section 8	Township 18S	Range 28E	, N.M.P.M., Eddy Co.		

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)	
INJECTION WELL		
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 liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When	

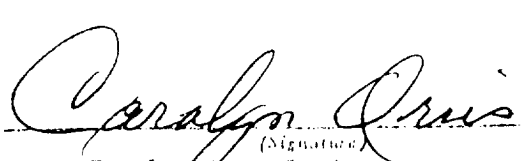
If this production is commingled with that from any other lease or pool, give commingling order number:

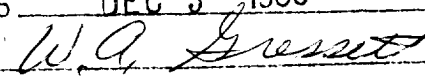
COMPLETION DATA							
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't, Prod.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Elevations (DF, E&D, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations					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 greater than 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	Bbls. Condensate, MCF	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 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 12/1/80 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED DEC 3 1980 , 19	
BY 	
TITLE SUPERVISOR, INJECTION	
This form is to be filed in compliance with RULE 1104.	
If this be a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the oil tests taken on the well in accordance with RULE 111.	
All portions of this form must be filled out completely for oil, gas, or new and recompleting wells.	
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of record.	