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

Form O-104
Superseding O-103
Effective 1-1-65

RECEIVED

DEC 1 1980

O. C. D.

ARTESIA, OFFICE

Operator
MARBOB ENERGY CORPORATION ✓

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

Reason(s) for filing (Check proper box)

New Well ☐ Change In Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change In Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

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 West Artesia Grayburg Unit	Tract 5	Well No. 12	Pool Name, including Formation Artesia Grayburg	Kind of Lease State, Federal or Fee	State	Lease E-7179
Location Unit Letter L ; 1650 Feet From The South Line and 990 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 ☐ Navajo Refining Co., Pipeline Div.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, N.M. 88210				
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Injection well	Address (Give address to which approved copy of this form is to be sent)				
Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
1	8	18S	28E	NO	

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

Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Stimulate
Date Compl. Ready to Prod.	Total Depth		P.D.T.D.				
Perforations	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
				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 load oil and must be equal to or exceed top able for this depth or be for full 24 hours)

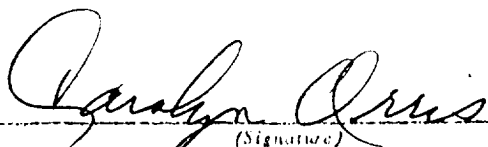
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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.


(Signature)

Production Clerk

12/1/80

(Title)

(Date)

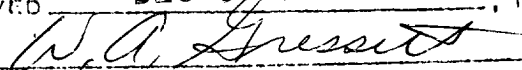
OIL CONSERVATION COMMISSION

APPROVED

DEC 3 1980

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BY



TITLE

SUPERVISOR, DISTRICT II

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 most tests taken on the well in accordance with RULE 1111.

All portions of this form must be filled out completely for all old or new wells or complete 1 well.

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