

0150

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANITARY	
FILE	
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 O-104
Supersedes Old O-104 and
Effective 1-1-65
RECEIVED

DEC 1 1980

O. C. D.
ARTESIA, OFFICE

MARBOB ENERGY CORPORATION /

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

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well ☐	Change 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 West Artesia Grayburg Unit	Well No. 11	Pool Name, including Formation Artesia Grayburg	Kind of Lease State, Federal or Fee	State
Location				
Unit Letter K	1650	Feet From The South	Line and 1650	Feet From The West
Line of Section 8	Township 18S	Range 28E	, N.M.P.M., Eddy	

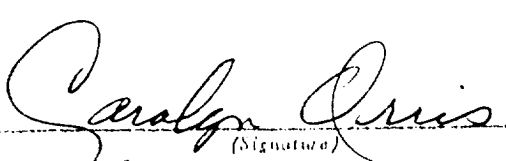
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil ☒ or Condensate ☐		Address (Give address to which approved copy of this form is to be sent)		
Navajo Refining Co., Pipeline Div.		P.O. Box 159, Artesia, N.M. 88210		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐		Address (Give address to which approved copy of this form is to be sent)		
Injection well				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	L	8	18S	28E
				Is gas actually connected? ☐
				When

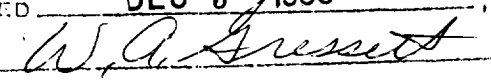
If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res't. ☐
Date Spudded	Date Compl. Ready to Prod.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
Perforations	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 (Test must be after recovery of total volume of load oil and must be equal to or exceedable for this depth or be for full 24 hours)			
Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
Tubing Pressure	Casing Pressure	Choke Size	
Oil-Bbls.	Water-Bbls.	Gas-MCF	
Test Method (Free, back pr.)	Length of Test	Ebbs. Condensate/MMCF	Gravity of Condensate
	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	
(Data)	

OIL CONSERVATION COMMISSION	
APPROVED DEC 3 1980	
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 vertical tests taken on the well in accordance with RULE 111.	
All portions of this form must be filled out completely for all wells on new and recompleted 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.	