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

Form C-104
Superseding Old C-101 and C-11
Effective 1-1-65

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JAN 23 1978

I. 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	☐
Change in Ownership	☒	Coalinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

If change of ownership give name and address of previous owner **D. R. Clary, P O Box 1267, Odessa, Texas 79760**

II. DESCRIPTION OF WELL AND LEASE **A-7222 2/25/83**

Lease Name Featherstone	Well No. 2	Pool Name, Including Formation Turkey Track Queen Grayburg	Kind of Lease SA XXX NM	Lease No. 010907-A
Location				
Unit Letter G	1650	Feet From The North Line and 2310	Feet From The East	
Line of Section 34	Township 18 S	Range 29 E	NMFM, Eddy	County

III. 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 Division	N. Freeman, Ave., Artesia, N. M. 88210
Name of Authorized Transporter of Coalinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
None	
If well produces oil or liquids, give location of tanks. pls 66	Unit K Sec. 34 Twp. 18 Rge. 29 Is gas actually connected? no When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv. Prod. Resv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations				Depth Casing Shoe			
TURNING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		

V. 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 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

2/3/78

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

VI. 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.

Secretary

1/23/78

OIL CONSERVATION COMMISSION

APPROVED **JAN 24 1978**

BY **W. A. Gussert**

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 deepened well, this form must be accompanied by a tabulation of the results of tests taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for oil wells, or new and reworked gas wells.

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