

## OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

RECEIVED

MAY 04 '88

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.  
ARTESIA, OFFICE

Marbob Energy Corporation

Address

P.O. Drawer 217, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

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

Other (Please explain)

Request allowable of 2 bbl. per day

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name <b>McKee-Wilson</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Turkey Track SR O Grbg SA</b>	Kind of Lease State, Federal or Fee <b>Fed.</b>	Lease No. <b>NM-015068</b>
Location Unit Letter <b>F</b> : <b>2310</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>West</b> Line of Section <b>34</b> Township <b>18S</b> Range <b>29E</b> , NMPM, <b>Eddy</b> County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Navajo Refining Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Drawer 159, Artesia, NM 88210</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>None</b>	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 <b>K</b> Sec. <b>34</b> Twp. <b>18S</b> Rge. <b>29E</b>
Is gas actually connected?	When <b>NO</b>

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
Perforations	Total Depth
	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 allowable for this depth or be for full 24 hours)

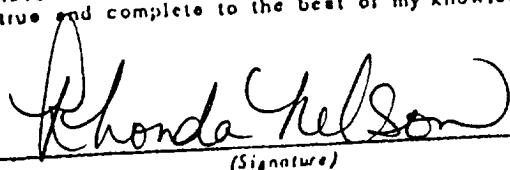
Date First New Oil Run To Tanks	Date of Test <b>4/25/88</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hrs</b>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <b>2 1/2</b>	Oil-Bbls. <b>2</b>	Water-Bbls. <b>1/2</b>	Gas-MCF <b>-0-</b>

## GAS WELL

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

## 1. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division 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

(Title)

5/3/88

(Date)

## OIL CONSERVATION DIVISION

APPROVED **MAY 10 1988**, 19BY **Original Signed By**  
**Mike Williams**TITLE **Oil & Gas Inspector**

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 deviation tests taken on the well in accordance with RULE 111.

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

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

Separate Forms C-104 must be filed for each pool in multiple completed wells.