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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	1
PRODUCTION OFFICE	

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-111
Effective 1-1-65

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JAN 23 1978

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 ☐

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	
Lease Name McKee Wilson	Well No. 2 Pool Name, including Formation Turkey Track Queen Grayburg - SA Kind of Lease State, Federal or Free State XXX XXX NM Lease No. 015068
Location	
Unit Letter C ; 990 Feet From The North Line and 1980 Feet From The West	
Line of Section 34 Township 18 S Range 29 E , NMPM, Eddy County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Refining Co., Pipeline Division	Address (Give address to which approved copy of this form is to be sent) N. Freeman Ave., Artesia, N.M.
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ none	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 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 Res'ty. ☐ Diff. Res'ty. ☐
Date Spudded	Date Compl. Ready to Prod.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
Perforations	Top Oil/Gas Pay
TUBING, 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 lead 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
Length of Test	Producing Method (flow, pump, gas lift, etc.)
Actual Prod. During Test	Casing Pressure
	Choke Size 2 1/2"
	Water - Bbls.
	Gas - MCF 21,218

GAS WELL	
Actual Prod. Test - MCF/D	Length of Test
Testing Method (flow, back pt.)	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 W. A. Gressitt 19	
BY W. A. Gressitt	
TITLE SUPERVISOR, DISTRICT I	
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 production data 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 owner, well name or number, or transporter, or other such change of conditions.	