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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-104 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	☒	Casinghead 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

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Brainard Tr. 3	5	Turkey track Queen Grayburg	XXX Federal or XX LC	062029

Location

Unit Letter **O** : **886** Feet From The **South** Line and **2315** Feet From The **East**

Line of Section **34** Township **18 S** Range **29 E** , N.M.P.M., **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 Casinghead 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.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	34	18	29	no	

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 Reservoir	PHL, RKB

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	Testing Depth

Perforations	Depth Casing Shoe

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 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	Testing 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 (pilot, back pr.)	Testing 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.

Herethy Hammond
(Signature)

Secretary

1/23/78

(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 31 1978

BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a new or deepened well, this form must be accompanied by a calculation of the amount of gas taken on the well in accordance with RULE 1111.

All wells of this form must be filled out completely for all the oil and gas produced on the well.

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