

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED

APR 22 1976

I.

Operator Marbob Energy Corporation ✓		O. C. C. ARTESIA, OFFICE
Address P. O. Box 304, Artesia, N. M. 88210		
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership <input type="checkbox"/>		Other (Please explain) Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Elliott	Well No. 3	Pool Name, Including Formation North Benson-Queen Grayburg	Kind of Lease State, Federal or Fee Federal	Lease No. 1C068402
Location Unit Letter G ; 1980 Feet From The North Line and 1980 Feet From The East Line of Section 29 Township 18 S Range 30 E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Co.	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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 G	Sec. 29	Twp. 18S	Rge. 30E	Is gas actually connected? No TSTM	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res ^{iv} .	Diff. Res ^{iv} .
Date Spudded 8-31-63 See old report	Date Compl. Ready to Prod. TA 8-26-64 see old report		Total Depth 3175		P.B.T.D. -3175 3/27			
Elevations (DF, RKB, RT, GR, etc.) 3448 G R	Name of Producing Formation Queen Grayburg		Top Oil/Gas Pay 2835		Tubing Depth 3050			
Perforations 2 SPFC 2838, 56, 76, 79 1/4, 18, 93, 99, 3089, 95+96 See old report					Depth Casing Shoe 3127			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	2 3/8" tbg		3050					
9"	7"		550		100			
6 1/4"	4 1/2"		3127		131			
	2 3/8"		3050					

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 4/16/76	Date of Test 4/16/76	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 28	Oil-Bbls. 28	Water-Bbls. -0-	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Norothy Hammond
(Signature)
Agent
4/22/76 (Title)
(Date)

OIL CONSERVATION COMMISSION
APR 23 1976
APPROVED _____ 19_____
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 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