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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	1
PROBATION 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-111
Effective 1-1-65

RECEIVED

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. 4 Pool Name, including Formation Turkey Track Queen Grayburg	Kind of Lease XXX Federal XXX NM	Lease No. 015068
Location Unit Letter C 1315 1325	Feet From The 110Yth West	Line and 1315 1325	Feet From The West North
Line of Section 34	Township 18	Range 29	County Eddy

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Water Injection Well	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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 Sec. Twp. Rge. Is gas actually connected? 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 Restv. Diff. Restv.
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 Tying 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	
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

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

I. 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 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 newly drilled or deepened well, this form must be accompanied by a tabulation of the available tests taken on the well in accordance with RULE 111.	
All portions of this form must be filled out completely for allowable to be calculated and recorded.	
Fill out only Sections I, II, III, and VI for change of ownership, well name or number, or transporter, or other such change of conditions.	