

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

NOV 10 1975

I. Operator  
**Marbob Energy Corporation**  
Address  
**P. O. Box 304, Artesia, N. M.**  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
**CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 1-4-76  
UNLESS AN EXCEPTION TO Rule 306  
IS OBTAINED**  
If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name **Elliott** Well No. **1** Pool Name, including Formation **North Benson-Queen - Bl.** Kind of Lease **Federal** Lease No. **LC068402**  
Location  
Unit Letter **E** ; **2310** Feet From The **North** Line and **990'** Feet From The **West**  
Line of Section **28** Township **18 S** Range **30 E** , NMPM, **Eddy** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**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 ☐ 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 **E** Sec. **28** Twp. **18 S** Rge. **30 E** Is gas actually connected? **no** When

IV. COMPLETION DATA  
Designate Type of Completion - (X) Oil Well ☒ Gas Well ☐ New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐  
Date Spudded **10-13-75** Date Compl. Ready to Prod. **11-4-75** Total Depth **3250** P.B.T.D. **3243**  
Elevations (DF, RKB, RT, GR, etc.) **3439 G L** Name of Producing Formation **Queen** Top Oil/Gas Pay **3094 2848** Tubing Depth **3045**  
Perforations **3169-3173 10 shots; 3136-3142 12 shots; 3094-3096 8 shots; 3057-3060 12 shots; 2900-2902 8 shots; 2856-2864 12 shots; 2848-2853 10 shots** Depth Casing Shoe **3243**  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE **11"** CASING & TUBING SIZE **8 5/8"** DEPTH SET **544'** SACKS CEMENT **150 sx Class C 2% calcium**  
**7 7/8"** **4 1/2"** **3243** **150 sx Halliburton Lysol**  
**2 7/8"** **3045** **200 sx 50/50 poxmix. 2% calcium chloride**

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 **11-4-75** Date of Test **11-5-75** Producing Method (Flow, pump, gas lift, etc.) **pumping**  
Length of Test **24 hrs** Tubing Pressure **---** Casing Pressure **20 lbs** Choke Size **----**  
Actual Prod. During Test **60 bbls** Oil-Bbls. **60** Water-Bbls. **-0-** Gas-MCF **will test later**

GAS WELL  
Actual Prod. Test-MCF/D **---** Length of Test **---** Bbls. Condensate/MMCF **---** Gravity of Condensate **---**  
Testing Method (pilot, 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.  
**Donathy Hammond**  
Agent  
**11/10/75**  
(Date)

OIL CONSERVATION COMMISSION  
NOV 12 1975  
APPROVED **W.A. Grossett**, 19  
BY **W.A. Grossett**  
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