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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-101 and C-11  
Effective 1-1-65

RECEIVED

OCT 11 1977

Operator <b>Marbob Energy Corporation</b>	
Address <b>P O Box 304, Artesia, N. M. 88210</b>	
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Change In Transporter of Oil <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change In Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Other (Please explain) <b>while testing &amp; completing do not have adequate storage space. Request permission to sell approximately 450 bbls oil</b>	

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE	
Lease Name <b>Johnny</b>	Well No. <b>1</b> Pool Name, including Formation <b>Und. Dayton G B</b>
Kind of Lease State, Federal or Fee <b>FEE</b>	
Location Unit Letter <b>0</b> : <b>330</b> Feet From The <b>south</b> Line and <b>1650</b> Feet From The <b>East</b>	
Line of Section <b>35</b> Township <b>18 S</b> Range <b>26 E</b> , NMPM, <b>Eddy</b> County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Navajo Crude Oil Purchasing Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Artesia, N. M. 88210</b>
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 Sec. Twp. Rge. Is gas actually connected? When <b>no</b>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

COMPLETION DATA	
Designate Type of Completion - (X) <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>	
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	

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
Length of Test	Producing Method (Flow, pump, gas lift, etc.)
Actual Prod. During Test	Tubing Pressure
	Casing Pressure
	Choke Size
	Water-Bbls.
	Gas-MCF

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
Testing Method (pilot, back pr.)	Ebls. Condensate/MCF
	Gravity of Condensate
	Casing Pressure (shut-in)
	Choke Size

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 <b>Veretha Hammond</b> (Signature) <b>10-11-77</b> (Date)	
OIL CONSERVATION COMMISSION APPROVED <b>OCT 12 1977</b> BY <b>W. A. Gressett</b> <b>SUPERVISOR, DISTRICT II</b> TITLE _____ 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 daylight counts taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on newly 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.	