

DISTRIBUTION	
SANTA FE	7
FILE	7
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

Form C-104  
Supersedes Old C-104 and C-114  
Effective 1-1-65

DEC 13 1977

O. C. C.  
ARTESIA OFFICE

Operator <b>Marbob Energy Corporation</b>	
Address <b>P O Box 304, Artesia, N. M. 88210</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change In Transporter of:
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"/>

If change of ownership give name  
and address of previous owner

2. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Johnny</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Unit. Dayton G B</b>	Kind of Lease State, Federal or Fee	Lease No. <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

3. 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 Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>N. Freeman Ave., Artesia, N. M.</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Bartlesville, Oka.</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>0</b>	Soc. <b>35</b>
	Twp. <b>18</b>	Rge. <b>26</b>
	Is gas actually connected? <b>yes</b>	When <b>12/13/77</b>

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

4. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>9/2/77</b>	Date Compl. Ready to Prod. <b>9/21/77</b>	Total Depth <b>1265</b>	P.B.T.D. <b>1230</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3294.3 GR</b>	Name of Producing Formation <b>Grayburg</b>	Top Oil/Gas Pay <b>1084</b>	Tubing Depth					
Perforations <b>1172-76; 1098-1103; 1084-88</b>			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <b>10"</b> <b>6 1/4"</b>	CASING & TUBING SIZE <b>7"</b> <b>4 1/2"</b>		DEPTH SET <b>700'</b> <b>1230'</b>		SACKS CEMENT <b>255 sx</b> <b>210 sx</b>			

5. 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 <b>9/21/77</b>	Date of Test <b>10/4/77</b>	Producing Method (Flow, pump, gas lift, etc.) <b>flowing</b>	
Length of Test <b>24 hrs</b>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <b>28</b>	Oil-Bbls. <b>28</b>	Water-Bbls. <b>-0-</b>	Gas-MCF <b>164</b>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (plot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

6. 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-Treasurer**  
**12/13/77**  
(Date)

OIL CONSERVATION COMMISSION

DEC 19 1977

APPROVED  
BY **W. A. Gressett**  
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 change of owner, well name or number, or transporter or other such change of condition.

OIL CONSERVATION COMMISSION

BOX 1980

HOBBS, NEW MEXICO

NOTICE OF GAS CONNECTION

DATE 12-15-77

This is to notify the Oil Conservation Commission that connection for  
the purchase of gas from the MARBOB ENERGY CORP.  
Operator

Johnny, O, 35-18-26, DRYTON/GRAYBURG  
Lease Well Unit S.T.R. Pool  
Phillips Petroleum Company, was made on 12-13-77  
Name of Purchaser

RECEIVED

DEC 16 1977

O. C. C.  
SANTA FE OFFICE

Phillips Petroleum Company  
Purchaser

J. E. Wilson  
Representative

Prod. Records Supvr.  
Title

cc: To operator  
Oil Conservation Commission - Santa Fe