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

Form O-104  
 Superseding Old O-101 and  
 Effective 1-1-65

RECEIVED

JUN 01 1981

Operator Marbob Energy Corporation ✓  
 Address P.O. Box 304, Artesia, N.M. 88210

O. C. D.  
 ARTESIA, OFFICE

Reason(s) for filing (Check proper box) Designate Other (Please explain)  
 New Well  Change in Transporter oil  
 Recompletion  Oil  Dry Gas  Show gas connection  
 Change in Ownership  Condensed Gas  Condensate

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE  
 Lease Name Tr. 5 Well No. 22 Pool Name, including Formation Artesia Qn. Grbg. SA Kind of Lease State Lease No. E-7179  
 Location  
 Unit Letter L 2269 Feet From The South Line and 330 Feet From The West  
 Line of Section 8 Township 18S Range 28E, N.M.M., Eddy Co.

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
 Name of Authorized Transporter of Oil (X) or Condensate   
Navajo Refining Co., Pipeline Div. Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, N.M. 88210  
 Name of Authorized Transporter of Condensed Gas (X) or Dry Gas   
Phillips Petroleum Co. Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762  
 If well produces oil or liquid, give location of tanks. Unit L Sec. 8 Twp. 18S Rge. 28E Is gas actually connected? Yes When 5/21/81

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

COMPLETION DATA  
 Designate Type of Completion - (X) Oil Well  Gas Well  New Well  Workover  Deepen  Plug Back  Since Restored   
 Date Spudded \_\_\_\_\_ Date Compl. Ready to Prod. \_\_\_\_\_ Total Depth \_\_\_\_\_ P.H.T.D. \_\_\_\_\_  
 Elevations (D.F., R.B., R.F., CR, etc.) \_\_\_\_\_ Name of Producing Formation \_\_\_\_\_ Top Oil/Gas Pay \_\_\_\_\_ Tubing Depth \_\_\_\_\_  
 Perforations \_\_\_\_\_ Depth Casing Shoe \_\_\_\_\_

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of level oil and must be equal to or exceed 10% of total volume for this depth or 25% for full 21 hours)  
 Date First New Oil Flow Test \_\_\_\_\_ Date of Test \_\_\_\_\_ Fracturing Method (Flow, pump, gas lift, etc.) \_\_\_\_\_  
 Length of Test \_\_\_\_\_ Tubing Pressure \_\_\_\_\_ Casing Pressure \_\_\_\_\_ Choke Size 6 5/8" IPR  
 Actual Prod. During Test \_\_\_\_\_ Oil-DBH, \_\_\_\_\_ Water-DBH, \_\_\_\_\_ Gas-MCF \_\_\_\_\_

GAS WELL  
 Actual Prod. Feet-MCF/D \_\_\_\_\_ Length of Test \_\_\_\_\_ Lbs. Condensate/MCF \_\_\_\_\_ Gravity of Condensate \_\_\_\_\_  
 Fracturing Method (Flow, Gas Lift, etc.) \_\_\_\_\_ Tubing Pressure (Inch-in) \_\_\_\_\_ Casing Pressure (Inch-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.  
Carolyn Ellis  
 (Signature)  
 Production Clerk  
 (Title)  
 5/29/81

OIL CONSERVATION COMMISSION  
 JUN 02 1981  
 APPROVED \_\_\_\_\_  
 BY W.A. Gressett, 19  
 SUPERVISOR, DISTRICT II  
 TITLE \_\_\_\_\_  
 This form is to be filed in compliance with RULE 1104.  
 If this is a request for allowable for a newly drilled or reworked well, this form must be accompanied by a tabulation of the gas tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for an allowable on new and reworked wells.  
 Fill out only Sections I, II, III, and VI for changes of ownership or change of transporter, or other such change of condition.