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

Form O-104
Supersedes Old O-104 and 1
Effective 1-1-65

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JUN 01 1981

O. C. D.
ARTESIA, OFFICE

Operator Marbob Energy Corporation	
Address P.O. Box 304, Artesia, N.M. 88210	
Reason(s) for filing (Check proper box)	
New Well	Designate
Recompletion	Oil
Change in Ownership	Condensate Gas
	Dry Gas
	Condensate
Show gas connection	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE					
Lease Name West Artesia Grbg. Unit	Well No. 23	Pool Name, including Formation Artesia Qn. Grbg. SA	Kind of Lease State, Federal or Free	State State	Lease E-7179
Location					
Unit Letter L	2269	Feet From The South	Line and 971	Feet From The West	
Line of Section 8	Township 18S	Range 28E	N.M.P.M.	Eddy	

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 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 fluid, give location of tanks.	Unit L	Sec. 8	Twp. 18S	Range 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:

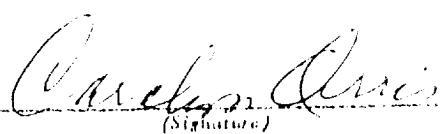
COMPLETION DATA							
Designate Type of Completion -- (X)	On Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same as (X) Part
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.O.T.D.				
Elevations (Dr., H.S.P., RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Perforations				Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD			
HOSE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of total oil and must be equal to or exceed top of well for this depth or be for full 24 hours)

Date First New Oil Flow 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-Ratio	Water-Ratio	Gas-Ratio

GAS WELL			
Actual Prod. Test-MCFD	Length of Test	Data. Condensate/MCF	Gravity of Condensate
Testing Method (Flow, Test pr.)	Tubing Pressure (Shut-In)	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.	
	
Production Clerk	
(Title)	
5/29/81	

OIL CONSERVATION COMMISSION	
JUN 02 1981	
APPROVED	19
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 reworked well, this form must be accompanied by a tabulation of the well tests taken on the well in accordance with RULE 111.	
All portions of this form must be filled out completely for all applicable cases and is completed valid.	
Fill out only Sections I, II, III, and VI for changes of ownership of land or, or transportation, or other such change of condition.	