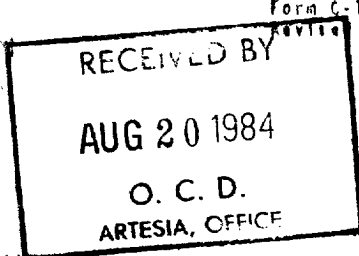


DATE OF EXPIRY RECEIVED	
DISTRIBUTION	
AMT. FEE	
FILE	
S.O.B.	
AND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
REGISTRATION OFFICE	
PERIOD	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Marnel Pipe & Supply Co.

Address

POB 1037 Artesia, NM 88210

Reason(s) for filing (Check proper box)	Designate	Other (Please explain)
Oil Well ☐	Transporter of:	
Completion ☐	Oil ☐	Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☒	Condensate ☐

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Welch State	3	Artesia Qn/Gb/SA	State, Federal or Fee State	647

Location

Unit Letter 0 : 110 Feet From The South Line and 2269 Feet From The East

Line of Section 16 Township 18S Range 28E, NMPA, Eddy County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Navajo Trucking Division	POB 159 Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Co.	4001 Penbrook Odessa, Texas 79762
Well produces oil or liquids, or location of tanks.	Unit Sec. Twp. Rge. is gas actually connected? When
0 16 18S 28E	Yes 8-15-84

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	Side Branch	Full Well
Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Locations (DE, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Locations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

Time First Now Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Fluid Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

AS WELL

Fluid Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Setting Method (pilot, back 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
Division have been complied with and that the information given
is true and complete to the best of my knowledge and belief.Wilma Puntor
(Signature)

Bookkeeper

8-15-84

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 22 1984

BY Leslie A. Clements
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 111.

If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the deviate
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of owner-
ship, name or number, or transporter, or other such change of condition.
Separate forms must be filed for each pool in multiple