

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

RECEIVED

FEB 4 1982

O. C. D.  
ARTESIA, OFFICEREQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Marbob Energy Corporation</b>	
Address <b>P. O. Drawer 217, Artesia, NM 88210</b>	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Coatinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Effective 1/1/82
If change of ownership give name <b>Harlan Oil Company, P. O. Box 688, Artesia, NM 88210</b> and address of previous owner	

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Welch Federal</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Millman QG East</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>NM 036</b>
Location Unit Letter <b>F</b> : <b>1650</b> Feet From The <b>N</b> Line and <b>2310</b> Feet From The <b>W</b> Line of Section <b>22</b> Township <b>19S</b> Range <b>28E</b> , NM 11, <b>Eddy</b>				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>SALT WATER DISPOSAL</b>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Coatinghead 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

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

## V. COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New Well	Workover	Deepen	Plug Back	Same Resist. Diff. Per
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Elevations (D.F., RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations					Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		

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

*Posted ID-3  
Chng. Operator  
2-19-82*

## GAS WELL

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

## VII. 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 above is true and complete to the best of my knowledge and belief.

*Carlynn Quesada*  
(Signature)

Production Clerk

(Title)

February 1, 1982

(Date)

## OIL CONSERVATION DIVISION

FEB 15 1982

APPROVED

BY

TITLE

SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 11.03.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 11.1.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multi-