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

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-65

JUN - 5 1978

O. C. C.
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** ☒ **Change in Transporter of:**
Recompletion ☐ Oil ☐ Dry Gas ☐ **Gas Connection**
Change in Ownership ☐ Casinghead Gas ☒ Condensate ☐

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Turkey Track Sec. 3 Unit	Well No. 4	Pool Name, including Formation Turkey Track Queen Grayburg	Kind of Lease State, Federal or Fee State	Lease No. B-8949
Location Unit Letter D ; 660 Feet From The North Line and 660 Feet From The West Line of Section 3 Township 19S Range 29E , NMPM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Refining Co., Pipeline Division	Address (Give address to which approved copy of this form is to be sent) No. Freeman Ave., Artesia, N.M. 88210					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 3	Twp. 19	Rge. 29	Is gas actually connected? Yes	When 5/19/78

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	Same Res't.	Full Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DT, 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

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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	DBls. Condensate/MCF	Gravity of Condensate
Testing Method (flow, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Carolyn Davis
(Signature)

Secretary

(Title)

6/2/78

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN - 6 1978

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 deepened well, this form must be accompanied by a tabulation of the production taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of name, well name or number, or transporter, or other such change of conditions.