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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-101 and C-102
Effective 1-1-64

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JAN 26 1978

Operator **MARBOB ENERGY CORPORATION** **O.C.C. ARTESIA, OFFICE**

Address **P O Box 304, ARTESIA, N. M. 88210**

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

If change of ownership give name and address of previous owner **D. R. Clary, P O Box 1267, Odessa, Tx 79760**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Turkey Tract Sec. <u>3</u> Unit	Well No. 1	Pool Name, including Formation Turkey Track Queen Grayburg	Kind of Lease State, NEW MEXICO	Lease No. B-8876
Location Unit Letter B ; 660 Feet From The North Line and 1980 Feet From The East Line of Section 3 Township 19 S Range 29 E , NMFM, Eddy County				

III. 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) N. Freeman Ave., Artesia, N.M.	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ none	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 F	Sec. 3
	Twp. 19	Rge. 29
	Is gas actually connected? no When	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Seal Res't	Art. Lift
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, 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			

V. 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	Lbbs. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. 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.

Sherida Hammond
(Signature)
Secretary

(Date)
1/23/78
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 31 1978, 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 deepened well, this form must be accompanied by a tabulation of the test results taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for change of name, well name or number, or transporter, or other such change of condition.