

OIL CONSERVATION DIVISION

U. S. FORM 2088

RECEIVED BY NEW MEXICO 87501

FEB 8 1985

REQUEST FOR ALLOWABLE  
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
ARTESIA, OFFICE

CO. OF APPLICANTS	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.B.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATION	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

Operator  
Marbob Energy Corporation

Address  
P.O. Drawer 217, Artesia, N.M. 88210

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Turkey Track Sec 3 Ut	Well No. 28	Pool Name, including Formation Turkey Track SR Q G SA	Kind of Lease State, Federal or Fee State	Lease No. B-9739
Location Unit Letter <u>P</u> ; <u>330</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>3</u> Township <u>19S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Co.	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 Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 liquids, give location of tanks. Unit <u>C</u> Sec. <u>3</u> Twp. <u>19S</u> Rge. <u>29E</u>	Is gas actually connected? <u>Yes</u> When <u>1/28/85</u>

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 12/31/84	Date Compl. Ready to Prod. 1/28/85	Total Depth 3035'	P.B.T.D. 2994'					
Elevations (DF, RKB, RT, GR, etc.) 3380' GR	Name of Producing Formation Grayburg	Top Oil/Gas Pay 2229'	Tubing Depth 2731'					
Perforations 2229-2711' attached	Depth Casing Shoe 3016'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 24#	350'	250
7 7/8"	5 1/2" 15.50#	3016'	850
	2 7/8"	2731'	

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)

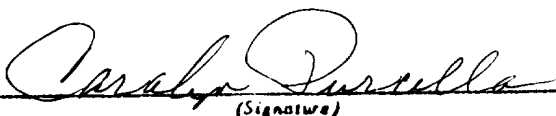
Date First New Oil Run To Tanks 1/28/85	Date of Test 1/29/85	Producing Method (Flow, pump, gas lift, etc.) Pumping	Post ID-2 2-15-85
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size Ering + BK
Actual Prod. During Test 93	Oil - Bbls. 40	Water - Bbls. 53	Gas - MCF to pipeline

GAS WELL

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

  
(Signature)

Production Clerk

(Title)

2/6/85

(Date)

OIL CONSERVATION DIVISION

FEB 13 1985

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

Original Signed By

BY \_\_\_\_\_  
Leslie A. Clements

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 deviate tests 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 changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filled for each pool in multiple completed wells.

Marbob Energy Corporation  
Turkey Track Sec. 3 Unit #28  
Perforations

2229	2676
2234	2685
2240	2693
2245	2699
2251	2703
2264	2711
2311	
2323	
2324	
2331	
2346	
2357	
2365	
2383	
2386	
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2464	
2493	
2500	
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2562	
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2670	