

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO PRODUCE OIL AND NATURAL GAS

RECEIVED

MAY 1 1975

O. C. C.
ARTESIA, OFFICE

Other (Please explain)

I.

OPERATOR	Marbob Energy Corporation ✓
ADDRESS	P. O. Box 304, Artesia, New Mexico 88210
REASON(S) FOR FILING (Check proper box)	New Well <input type="checkbox"/> Change in Transporter <input type="checkbox"/> Re-completion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Change in Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/>
IF CHANGE OF OWNERSHIP GIVE NAME AND ADDRESS OF PREVIOUS OWNER	

II. DESCRIPTION OF WELL AND LEASE

LEASE NAME	Lowe A State	WELL NO. / POOL NAME	1 Artesia-Q-GB-SA	KIND OF LEASE	State	LEASE NO.	L-5382
LOCATION	Unit Letter N	330 Feet From The	South	2310 Feet From The	West		
LINE OF SECTION	33	TOWNSHIP	18S	RANGE	28E	, N.M.P.M., Blidy County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

NAME OF AUTHORIZED TRANSPORTER OF OIL	<input checked="" type="checkbox"/> or Condensate	Navajo Crude Oil Purchasing Company	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 type="checkbox"/> or Dry Gas		Give address to which approved copy of this form is to be sent	
IF WELL PRODUCES OIL OR LIQUIDS, GIVE LOCATION OF TANKS.	Unit N	Sec. 33	Comp. 178	Page 28E
IF THIS PRODUCTION IS COMMINGLED WITH THAT FROM ANY OTHER LEASE OR POOL	Give well or pool number and name of other lease or pool			

IV. COMPLETION DATA

DESIGNATE TYPE OF COMPLETION - (X)	Oil Well	Gas Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
DATE SPUNDED	DATE COMPL. READY TO PROD.		P.R.T.D.				
ELEVATIONS (DF, RKB, RT, GR, etc.)	NAME OF PRODUCING FORMATION		IS 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 run for a minimum of 24 hours and must be equal to or exceed top allowable for this well)

DATE FIRST NEW OIL RUN TO TANKS	DATE OF TEST	METHOD (Flow, pump, gas lift, etc.)
LENGTH OF TEST	TUBING PRESSURE	CHOKER SIZE
ACTUAL PROD. DURING TEST	OIL - Bbls.	GOR - MCF

GAS WELL

ACTUAL PROD. TEST - MCF/D	LENGTH OF TEST	GRAVITY OF CONDENSATE
TESTING METHOD (pitot, back pr.)	TUBING PRESSURE (Shut-in)	CHOKER 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.

Clair Goodson
Agent
April 30, 1975

OIL CONSERVATION COMMISSION

APPROVED *W.A. Gressett*
SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.
If there is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation 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, name or number, or transporter, or other such change of condition.