

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

RECEIVED

MAY 11 1983

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

|                        |                                     |
|------------------------|-------------------------------------|
| NO. OF COPIES RECEIVED |                                     |
| DISTRIBUTION           |                                     |
| SANTA FE               | <input checked="" type="checkbox"/> |
| FILE                   | <input checked="" type="checkbox"/> |
| U.S.O.S.               |                                     |
| LAND OFFICE            |                                     |
| TRANSPORTER            | <input checked="" type="checkbox"/> |
| OIL                    | <input checked="" type="checkbox"/> |
| GAS                    | <input checked="" type="checkbox"/> |
| OPERATOR               | <input checked="" type="checkbox"/> |
| PRODUCTION OFFICE      | <input checked="" type="checkbox"/> |

Operator  
Marbob Energy Corporation

Address

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

Reason(s) for filing (Check proper box)

|                     |                          |                           |                          |
|---------------------|--------------------------|---------------------------|--------------------------|
| New Well            | <input type="checkbox"/> | Change in Transporter of: |                          |
| Recompletion        | <input type="checkbox"/> | Oil                       | <input type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas            | <input type="checkbox"/> |
|                     |                          | Dry Gas                   | <input type="checkbox"/> |
|                     |                          | Condensate                | <input type="checkbox"/> |

Other (Please explain)

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

|                               |                 |                                                      |                                        |                       |                     |
|-------------------------------|-----------------|------------------------------------------------------|----------------------------------------|-----------------------|---------------------|
| Lease Name<br>NG Phillips St. | Well No.<br>21  | Pool Name, including Formation<br>Artesia Qn Grbg SA | Kind of Lease<br>State, Federal or Fee | State<br>State        | Lease No.<br>B-2071 |
| Location                      |                 |                                                      |                                        |                       |                     |
| Unit Letter<br>J              | 1630.4          | Feet From The<br>South                               | Line and<br>2286.6                     | Feet From The<br>East |                     |
| Line of Section<br>27         | Township<br>17S | Range<br>28E                                         | NMPM,<br>Eddy                          | Count                 |                     |

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                                                    |                                                                                                                |            |             |             |                                   |                |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------|-------------|-------------|-----------------------------------|----------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Navajo Refining Co.            | Address (Give address to which approved copy of this form is to be sent)<br>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"/><br>Phillips Petroleum Co. | Address (Give address to which approved copy of this form is to be sent)<br>4001 Pembroke, Odessa, Texas 79762 |            |             |             |                                   |                |
| If well produces oil or liquids,<br>give location of tanks.                                                                                        | Unit<br>G                                                                                                      | Sec.<br>27 | Twp.<br>17S | Rge.<br>28E | Is gas actually connected?<br>Yes | When<br>5/1/83 |

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 <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input checked="" type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v. <input type="checkbox"/> | Diff. Res'v. <input type="checkbox"/> |
| Date Spudded<br>4/2/83                         | Date Compl. Ready to Prod.<br>5/1/83         |                                   | Total Depth<br>3000'              |                                   | P.B.T.D.<br>2985'                          |                                    |                                      |                                       |
| Elevations (DF, RAB, RT, GR, etc.)<br>3663' GR | Name of Producing Formation<br>San Andres    |                                   | Top Oil/Gas Pay<br>2503'          |                                   | Tubing Depth<br>2970'                      |                                    |                                      |                                       |
| Perforations<br>2503 - 2903                    |                                              |                                   |                                   |                                   | Depth Casing Shoe<br>3000'                 |                                    |                                      |                                       |

## TUBING, CASING, AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           | 10 3/4"              | 565'      | Pulled       |
| 9"        | 7 5/8"               | 892'      | 325 sax      |
| 7 7/8"    | 4 1/2"               | 3000'     | 400 sax      |
|           | 2 3/8"               | 2970'     |              |

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)

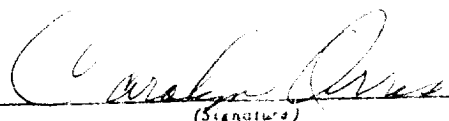
|                                           |                        |                                                          |                        |
|-------------------------------------------|------------------------|----------------------------------------------------------|------------------------|
| Date First New Oil Run To Tanks<br>5/1/83 | Date of Test<br>5/2/83 | Producing Method (Flow, pump, gas lift, etc.)<br>Pumping |                        |
| Length of Test<br>24 hrs.                 | Tubing Pressure        | Casing Pressure                                          | Choke Size             |
| Actual Prod. During Test<br>90            | Oil-Bble.<br>18        | Water-Bble.<br>72                                        | Gas-MCF<br>to pipeline |

## GAS WELL

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

## I. 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.



Production Clerk

(Title)

5/9/83

(Date)

## OIL CONSERVATION DIVISION

APPROVED: MAY 13 1983  
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 deeper 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 all wells on new and recompleted wells.

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

Separate Form C-104 must be filed for each pool in multi-completed wells.

