

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

OIL CONSERVATION DIVISION
RECEIVED BY
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
MAR 15 1985
O. C. REQUEST FOR ALLOWABLE
ARTESIA, OFFICE AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Marbob Energy Corporation ✓
Address
P.O. Drawer 217, Artesia, N.M. 88210
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner:

DESCRIPTION OF WELL AND LEASE

Lease Name Collier St.	Well No. 16	Pool Name, Including Formation Red Lake On Grbg SA	Kind of Lease State, Federal or Fee State	Lease No. B-1111
Location Unit Letter <u>H</u> : <u>2210</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>22</u> Township <u>17S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County				

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 G	Sec. 22	Twp. 17S	Rge. 28E	Is gas actually connected? Yes	When 3/1/85

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 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 1/13/85	Date Compl. Ready to Prod. 3/1/85		Total Depth 3565'		P.B.T.D. 3529'			
Elevations (DF, RKB, RT, CR, etc.) 3586.1' GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 2339'		Tubing Depth 2901'			
Perforations 2339-2881' attached					Depth Casing Shoe 3541'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 24#	507'	350 sax
7 7/8"	5 1/2" 15.50#	3541'	850 sax
	2 7/8"	2901'	

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)

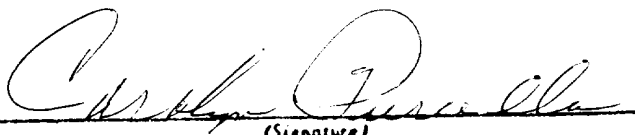
Date First New Oil Run To Tanks 3/1/85	Date of Test 3/2/85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 47	Oil - Bbls. 22	Water - Bbls. 25	Gas - MCF to pipeline

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (psig, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

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)
3/13/85
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 19 1985, 19
BY Original Signed 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 deviated 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 filed for each pool in multiple-completed wells.

Marbob Energy Corporation
Collier St. #16
Perforations

2339	2802
2345	2805
2354	2809
2360	2852
2369	2858
2381	2864
2385	2867
2398	2872
2408	2881
2417	
2426	
2445	
2452	
2456	
2462	
2500	
2530	
2532	
2534	
2547	
2552	
2555	
2570	
2575	
2582	
2593	
2608	
2614	
2627	
2633	
2642	
2647	
2658	
2673	
2681	
2686	
2700	
2712	
2716	
2724	
2736	