

## OIL CONSERVATION DIVISION

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U.S.D.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
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OPERATION	
PRODUCTION OFFICE	

RECEIVED BY O. C. D. X 2088  
SANTA FE, NEW MEXICO 87501  
FEB 8 1985  
REQUEST FOR ALLOWABLE  
O. C. D. AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
ARTESIA, 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 type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>
	Effective 10/1/84

If change of ownership give name and address of previous owner: Tenneco Oil Co., 7990 I.H. 10 West, San Antonio, Texas 78213

## I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
G.J. West Coop Unit	49	Grbg Jackson SR Q G SA	State, Federal or Fee State	B-255
Location				
Unit Letter M	660	Feet From The South Line and	660	Feet From The West
Line of Section 16	T. 17S	Range 29E	NMPM, Eddy	County

## II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
TA	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 Sec. Twp. Rge.
	Is gas actually connected? When

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

## V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
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

## VI. 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 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.)	Post #10-2
Length of Test	Tubing Pressure	Casing Pressure	3-15-85
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	649 bbl.
		Gas-MCF	

## GAS WELL

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

  
(Signature)

Production Clerk

(Title)

2/6/85

(Date)

## OIL CONSERVATION DIVISION

APPROVED FEB 13 1985, 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 deepen 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 filed for each pool in multi-

$$M_{\text{eff}} = \frac{1}{2} \left( \frac{1}{M_1} + \frac{1}{M_2} \right) \quad (1)$$

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