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TRANSPORTER	OIL /
	GAS
OPERATOR	/
PROBATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

RECEIVED

JAN 23 1978

Operator Marbob Energy Corporation	
Address P O Box 304, 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 ☐

If change of ownership give name and address of previous owner **D. R. Clary, P O Box 1267, Odessa, Texas 79760**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Brainard Track 3	Well No. 3	Pool Name, including Formation Turkey Track Queen Grayburg	Kind of Lease State Federal XXXX LC	Lease No. 062029
Location				
Unit Letter M	660	Feet From The South Line and 660	Feet From The West South	
Line of Section 34	Township 18 S	Range 29 E	NMPM, Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Refining Co., pipeline division	Address (Give address to which approved copy of this form is to be sent) N. Freeman, Ave., Artesia, N. M.			
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ none	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 L	Sec. 34	Twp. 18	Rge. 29
				Is gas actually connected? no When

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	Gas Well	New Well	Workover	Deepen	Plug Back	Stim. Res't.	Prod. Res't.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, KKB, 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

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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

Wendy Hammond
(Signature)

Secretary

1/23/78

(Date)

OIL CONSERVATION COMMISSION

JAN 31 1978

APPROVED _____, 19

BY *W. H. Gressett*
TITLE **SUPERVISOR, DIVISION 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 production tests taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for allowable computation and completion.

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