

REQUEST FOR OIL AND NATURAL GAS
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Revised 1-1-65
Effective 1-1-65

FILE	
DATE OF FILING	
TRANSPORTED	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Maribel Oil Corporation
Address Box 633, Midland, Texas 79701

Reason(s) for filing (check proper box)	Other (Please explain)
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Marshall Conn</u>	Well No. <u>9</u>	Pool Name, including Formation <u>Driskard</u>	Kind of Lease State, Federal or Free <u>Free</u>	Lease No.
Location				
Unit Letter <u>C</u>	<u>240</u>	Feet From The <u>North</u> Line and	<u>1606</u>	Feet From The <u>West</u>
Line of Section <u>34</u>	Township <u>21-N</u>	Range <u>37-E</u>	NMPM, <u>Lea</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)					
<u>Lufkin New Mexico Pipe Line Co.</u>	<u>Box 1510, Midland, Texas 79701</u>					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
<u>Northern Natural Gas Co.</u>	<u>Box 3316, Midland, Texas 79701</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>34</u>	Twp. <u>21-N</u>	Rge. <u>37-E</u>	Is gas actually collected? <u>Yes</u>	When <u>11-5-73</u>

If this production is commingled with that from any other lease or pool, give commingling order number: PC-7

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, 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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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.

Yvonne O. Tucker
(Signature)
Production Clerk
(Title)

11-6-73
(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

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 deviation 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 data. This form is to be filed in compliance with RULE 1104.