

REC-104
AUG 26 1983
O. C. D.
ARTESIA, OFFICE

NO. OF APPLICANTS	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.D.	
LAND OFFICER	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. 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 Change in Transporter of: Oil Dry Gas

Recompletion Gashead Gas Condensate

Change in Ownership

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>M. Dodd "A"</u>	Well No. <u>24</u>	Pool Name, including Formation <u>Grayburg Jackson</u>	Kind of Lease State, Federal or Fee <u>Fed.</u>	LC Lease No. <u>028731</u>
Location Unit Letter <u>J</u> ; <u>2310</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u>				
Line of Section <u>22</u> Township <u>17S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refining Co., Pipeline Div.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 159, Artesia, N.M. 88210</u>
Name of Authorized Transporter of Gashead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Penbrook, Odessa, Texas 79762</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>J</u> <u>22</u> <u>17S</u> <u>29E</u> <u>Yes</u> <u>8/19/83</u>

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 <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 <input type="checkbox"/>
Date Spudded <u>8/2/83</u>	Date Compl. Ready to Prod. <u>8/19/83</u>	Total Depth <u>3376'</u>		P.B.T.D. <u>3367'</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>3547.6' GR</u>	Name of Producing Formation <u>San Andres</u>	Top Oil/Gas Pay <u>2651'</u>		Tubing Depth <u>3300'</u>		Depth Casing Shoe <u>3376'</u>		
Perforations <u>2651-3260' per attached</u>								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4"</u>	<u>8 5/8" 24#</u>		<u>342'</u>		<u>225 sax, circ. 50</u>			
<u>7 7/8"</u>	<u>5 1/2" 15.50 & 17#</u>		<u>3376'</u>		<u>1600 sax, circ. 300</u>			
	<u>2 7/8"</u>		<u>3300'</u>					

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 all able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>8/19/83</u>	Date of Test <u>8/20/83</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure	Casing Pressure	Choke Size <u>Post ID-2 9-2-83 Camp + PH</u>
Actual Prod. During Test <u>62</u>	Oil - Bbls. <u>42</u>	Water - Bbls. <u>20</u>	Gas - MCF <u>187</u>

GAS WELL

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

Charles Curtis
(Signature)
Production Clerk

8/24/83
(Date)

OIL CONSERVATION DIVISION
APPROVED AUG 30 1983, 19____
Original Signed By
BY Leslie A. Clements
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.

Marbob Energy Corp. ✓
M. Dodd A" #24
Perforations:

RECEIVED BY
AUG 26 1983
O. C. D.
ARTESIA, OFFICE

2651'	2894'	3179'
2652'	2897'	3187'
2661'	2903'	3193'
2662'	2904'	3198'
2667'	2910'	3206'
2668'	2911'	3213'
2677'	2912'	3214'
2678'	2913'	3217'
2679'	2920'	3218'
2682'	2921'	3232'
2683'	2922'	3233'
2688'	2927'	3237'
2691'	2928'	3238'
2694'	2931'	3243'
2695'	2932'	3244'
2696'	2952'	3245'
2701'	2953'	3249'
2702'	2954'	3250'
2706'	2988'	3251'
2707'	2994'	3257'
2708'	2995'	3258'
2709'	2996'	3259'
2719'	3001'	3260'
2720'	3004'	
2731'	3006'	
2736'	3007'	
2737'	3015'	
2738'	3016'	
2739'	3024'	
2745'	3025'	
2753'	3027'	
2774'	3029'	
2775'	3126'	
2776'	3127'	
2785'	3128'	
2786'	3129'	
2787'	3130'	
2877'	3146'	
2878'	3151'	
2882'	3152'	
2888'	3160'	
2889'	3161'	
2890'	3176'	
2891'	3178'	