

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

SEP 29 '87

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.
ARTESIA, OFFICE

Marbob Energy Corporation

Address
P.O. Drawer 217, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name M. Dodd "A"	Well No. 42	Pool Name, Including Formation Grbg Jackson SR Q Grbg SA	Kind of Lease State, Federal or Fed. Fed.	Lease No. LC-028731 (A)
Location Unit Letter <u>J</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>2190</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				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>22</u>	Twp. <u>17S</u>	Rge. <u>29E</u>	Is gas actually connected? <u>Yes</u>	When <u>9/9/87</u>

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

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<u>XX</u>								
Date Spudded <u>8/10/87</u>	Date Compl. Ready to Prod. <u>9/9/87</u>		Total Depth <u>4570'</u>		P.B.T.D. <u>4508'</u>			
Elevations (D.F., RKB, RT, GR, etc.) <u>3548.0' GR</u>	Name of Producing Formation <u>San Andres</u>		Top Oil/Gas Pay <u>2659</u>		Tubing Depth <u>3399'</u>			
Perforations <u>2659-3340' attached</u>					Depth Casing Shoe <u>4553'</u>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>211'</u>	<u>175 SX</u> <u>Part ID-2</u>
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>4553'</u>	<u>2125 SX</u> <u>10-2-87</u>
	<u>2 7/8"</u>	<u>3399'</u>	<u>camp + BK</u>

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)

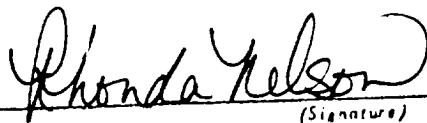
Date First New Oil Run To Tanks <u>9/9/87</u>	Date of Test <u>9/10/87</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Producing</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <u>22</u>	Oil - Bbls. <u>22</u>	Water - Bbls. <u>frac</u>	Gas - MCF <u>60</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

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.



Production Clerk

(Title)

9/28/87

(Date)

OIL CONSERVATION DIVISION

SEP 30 1987

APPROVED _____, 19____

BY _____
Original Signed By
Les A. ClementsTITLE _____
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 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 condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.