

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

- 1. oil well  gas well  other
- 2. NAME OF OPERATOR  
*Marbob Energy Corporation*
- 3. ADDRESS OF OPERATOR  
*P.O. Dr. 217, Artesia, N.M. 88210*
- 4. LOCATION OF WELL (REPORT LOCATION CLEARLY See space 17 below.)  
AT SURFACE: *330 FSL 2309 FWL*  
AT TOP PROD. INTERVAL: *Same*  
AT TOTAL DEPTH: *Same*
- 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- REQUEST FOR APPROVAL TO:      SUBSEQUENT REPORT OF:
- TEST WATER SHUT-OFF
  - FRACTURE TREAT
  - SHOOT OR ACIDIZE
  - REPAIR WELL
  - PULL OR ALTER CASING
  - MULTIPLE COMPLETE
  - CHANGE ZONES
  - ABANDON\*
  - (other) *Change of operator*

- 5. LEASE  
*LC 028731-A*
- 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
- 7. UNIT AGREEMENT NAME
- 8. FARM OR LEASE NAME  
*M. Dodd "A"*
- 9. WELL NO.  
*14*
- 10. FIELD OR WILDCAT NAME  
*Grbg Jackson Qn SA*
- 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
*22-17S-29E*
- 12. COUNTY OR PARISH  
*Eddy*
- 13. STATE  
*N.M.*
- 14. API NO.
- 15. ELEVATIONS (SHOW DF, KDB, AND WD)

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O. C. D.  
ARTESIA OFFICE

(NOTE: Report results of multiple completion or zone change on Form 9-330)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

*Effective 10/1/82, we took over as operator. Former operator was Sun Exploration & Production Co., P.O. Box 1861, Midland, Texas 79702.*

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MINUTE  
ROD...

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

18. I hereby certify that the foregoing is true and correct  
SIGNED *Carolyn...* TITLE *Production Clerk* DATE *10/29/82*

APPROVED BY *(Signature)* TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 CONDITIONS OF APPROVAL, IF ANY:  
**NOV 9 1982**  
 FOR  
**JAMES A. GILLHAM**  
 DISTRICT SUPERVISOR \*See Instructions on Reverse Side

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PRODUCTION OFFICE	

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REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. O. D.  
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       Change in Transporter of:      Effective 10/1/82

Recompletion       Oil       Dry Gas

Change in Ownership       Contracted Gas       Condensate

If change of ownership give name and address of previous owner: Sun Exploration & Production Co., P.O. Box 1861, Midland, Texas 79702

DESCRIPTION OF WELL AND LEASE

Lease Name <u>M. Dodd "A"</u>	Well No. and Location, including Formation <u>14 Grayburg Jackson Queen SA</u>	Kind of Lease State, Federal or Fee <u>Fed.</u>	Lease No. <u>028731A</u>
Location			
Unit Letter <u>N</u>	<u>350</u> Feet From The <u>South</u> Line and <u>2309</u> Feet From The <u>West</u>		
Line of Section <u>22</u>	Township <u>17S</u>	Range <u>29E</u>	County <u>Eddy</u>

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 Crude Oil Purchasing Co., Trucking</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Drawer 175, Artesia, N.M. 88210</u>
Name of Authorized Transporter of Contracted Gas <input 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. Oil <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	Is gas actually produced? <input checked="" type="checkbox"/> when

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New well	Workover	Deepen	Plug back	Same Wells, Tilt, New
Date completed	Date completed	Total Depth	P.B.T.D.				
Elevations (H, N, A, R, G, etc.)	Name of Formation	Top Oil/Gas Pay	Testing Depth		Depth Casing Shoe		
Perforations							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lost oil and must be equal to or exceed top oil)

Date First New Oil Run To Tanks	Date of Test	Producing method (flow, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Brine	Water-Brine	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Brine, Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back prod)	Testing Pressure (lbwt-in)	Casing Pressure (lbwt-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.

Carolyn Orris  
Carolyn Orris  
(Signature)  
Production Clerk  
(Title)  
10/29/82  
(Date)

OIL CONSERVATION DIVISION  
APPROVED NOV 3 1982  
BY Mike Williams  
TITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 110.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a calculation of the deviated 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 new transporter or other such change of conditions. Separate forms must be filed for each pool in multiple wells.

DISTRIBUTION	
SANTA FE	✓
FILE	✓ ✓
J.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL ✓ GAS ✓
OPERATOR	✓
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

Form O-104  
Supersedes Old O-104 and O-11  
Effective 1-1-55

REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

FEB 8 1982

O. C. D.

ARTESIA, OFFICE

I. Operator  
Sun Exploration & Production Co.  
Address  
P. O. Box 1861, Midland, Texas 79702

Reason(s) for filing (Check proper box):  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinhead Gas  Condensate

Other (Please explain):  
Name Change Only  
From: Sun Oil Company

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name: M. Dodd "A" Well No.: 14 Pub. Name, including Formation: Grayburg Jackson Queen SA Kind of Lease: Federal or Fee: Federal Lease No.: LC028731A  
 Location: Unit Letter: N ; 330 Feet From The: South Line and: 2309 Feet From The: West  
 Line of Section: 22 Township: 17-S Range: 29-E N.M.P.M. Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  or Condensate : Texas-New Mexico Pipe Line Company Address (Give address to which approved copy of this form is to be sent): P. O. Box 1510, Midland, Texas 79702  
 Name of Authorized Transporter of Casinhead Gas  or Dry Gas : Phillips Pipe Line Company Address (Give address to which approved copy of this form is to be sent): 1st Floor Phillips Bldg. Annex, Bartlesville, Ok. 74004  
 If well produces oil or liquids, give location of tanks. Unit: J Sec: 22 Twp: 17 Rge: 29 Is gas actually connected? When: Ok. 74004

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	Same Rest.	Diff. Rest.
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		

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL  
 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: \_\_\_\_\_

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.

Maria J Perez  
(Signature)  
Senior Accounting Assistance  
(Title)

January 25, 1982  
(Date)

OIL CONSERVATION COMMISSION

APPROVED

MAR 1 0 1982

BY

W. D. Gressett  
SUPERVISOR, DISTRICT II

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 condition. Separate Forms O-104 must be filed for each well in multiple.