

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

MAY 06 1983

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Marbob Energy Corporation ✓

8-3303

Address

P.O. Drawer 217, Artesia, N.M. 88210

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Designate

Change in Transporter of:

Oil ☒Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Request allowable of 2 bbl/day

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name M. Dodd "B"	Well No. 31	Pool Name, including Formation Grbg Jackson SR On Grbg SA	Kind of Lease State, Federal or Fed. Fed.	Lease No. 028731-
Location Unit Letter <u>E</u> <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>11</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 ☒ or Condensate ☐ Navajo Crude Oil Purchasing Co., Trucking	Address (Give address to which approved copy of this form is to be sent) P.O. Dr. 175, Artesia, N.M. 88210	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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 A	Sec. 15
	Twp. 17S	Rge. 29E
	Is gas actually connected? <u>Yes</u> When <u>4/3/83</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	Gas well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. R.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RAB, RI, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		(X)	
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	Testing 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 prod)	Testing 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.

Production Clerk

(Title)

5/3/83

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 09 1983, 19
BY Original Signed By
Leslie A. Clements
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 device 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 owner, 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.