

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.U.B.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	
Operator	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY

AUG 18 1983

O. C. D.  
ARTESIA, OFFICE

Marbob Energy Corporation ✓

Address

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

Reason(s) for filing (Check proper box)

New Well ☐  
Recompletion ☐  
Change in Ownership ☐

Designate

~~Shut-in~~ Transporter of:Oil ☐ Dry Gas ☐  
Casinghead Gas ☒ Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

## 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 Fee Fed	Lease No. 028731 (B)
---------------------------	----------------	--	--	-------------------------

Location

Unit Letter E ; 1980 Feet From The North Line and 660 Feet From The WestLine of Section 11 Township 17S Range 29E , NMPM, Eddy County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐Navajo Crude Oil Pipeline

Address (Give address to which approved copy of this form is to be sent)

P.O. Drawer 175 - Artesia, N.M. 88210Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐Phillips Petroleum Co.

Address (Give address to which approved copy of this form is to be sent)

4001 Penbrook, Odessa, Texas 79762If well produces oil or liquids,  
give location of tanks.Unit A Sec. 15 Twp. 17S Rge. 29E

Is gas actually connected?

Yes

When

4/3/83

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

## COMPLETION DATA

Designate Type of Completion - (X)

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

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 5/1/83	Date of Test 5/2/83	Producing Method (Flow, pump, gas lift, etc.) Pumping
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure
Actual Prod. During Test 19	Oil-Bble. 4	Water-Bble. 15
		Choke Size TSTM

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	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.

(Signature)

Production Clerk

(Title)

8/17/83

(Date)

## OIL CONSERVATION DIVISION

APPROVED AUG 19 1983, 19BY 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 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 change of condition.

Separate Form C-104 must be filed for each pool in multi-lateral completed wells.