

OIL CONSERVATION DIVISION

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

Form C-104  
Revised 10-1-78

RECEIVED BY  
JAN 16 1984  
O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

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:

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>M. Dodd "A" <del>Feet</del></u>	Well No. <u>26</u>	Pool Name, including Formation <u>Grayburg Jackson 2R-3-2 H</u>	Kind of Lease State, Federal or Fee <u>Fed.</u>	Lease No. <u>028731</u>
Location				
Unit Letter <u>J</u>	<u>2615</u> Feet From The <u>South</u> Line and <u>1345</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.</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 Casinghead 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 79760</u>
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>1/4/84</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'v. <input type="checkbox"/>
Date Spudded <u>11/12/83</u>	Date Compl. Ready to Prod. <u>1/4/84</u>	Total Depth <u>3467'</u>		P.B.T.D. <u>3434'</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>3575'</u>	Name of Producing Formation <u>San Andres</u>	Top Oil/Gas Pay <u>2679'</u>		Tubing Depth <u>3391'</u>				
Perforations <u>2679-3371' per attached</u>			Depth Casing Shoe <u>3467'</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>335'</u>	<u>325 sax</u>
<u>7 7/8"</u>	<u>5 1/2" 15.50# &amp; 17#</u>	<u>3467'</u>	<u>1850 sax, circ 200</u>
	<u>2 7/8"</u>	<u>3391'</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>1/4/84</u>	Date of Test <u>1/5/84</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 1-20-84 Camp &amp; BR</u>
Actual Prod. During Test <u>58</u>	Oil-Bble. <u>18</u>	Water-Bble. <u>40</u>	Gas-MCF <u>10</u>

GAS WELL

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

Carolyn Quis  
(Signature)  
Production Clerk  
(Title)  
1/13/84  
(Date)

OIL CONSERVATION DIVISION  
JAN 17 1984

APPROVED \_\_\_\_\_, 19\_\_\_\_

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 deeper 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 able 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.