

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

APPROPRIATE AGENCIES	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
ALBUQUERQUE	<input checked="" type="checkbox"/>
S.O.B.	
AND OFFICE	
TRANSPORTER OIL	<input checked="" type="checkbox"/>
PERATOR GAS	<input checked="" type="checkbox"/>
REGISTRATION OFFICE	
REGULATOR	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY
JAN 10 1986
O.H.C. (Please explain)
ARTESIA, OFFICE

Applicant: Marbob Energy Corporation ✓
Address: P.O. Drawer 217, Artesia, New Mexico 88210
Reason(s) for filing (Check proper box):
New Well Change In Transporter of:
Completion Oil Dry Gas
Change In Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Boyd-Dodd "B"</u>	Well No. <u>7</u>	Pool Name, Including Formation <u>Grbg Jackson SR Q G SA</u>	Kind of Lease State, Federal or Fee <u>Fed.</u>	Lease No. <u>058362</u>
------------------------------------	----------------------	---	--	----------------------------

Location:
Unit Letter 0 ; 330 Feet From The South Line and 1345 Feet From The East
Line of Section 11 Township 17S Range 29E , NMPM, Eddy County

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. Dr. 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 79762</u>
Well produces oil or liquids, and location of tanks. Unit <u>0</u> Sec. <u>11</u> Twp. <u>17S</u> Rge. <u>29E</u>	Is gas actually connected? <u>Yes</u> When <u>1/2/86</u>

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 <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>12/10/85</u>	Date Compl. Ready to Prod. <u>1/2/86</u>	Total Depth <u>4565'</u>	P.B.T.D. <u>4529'</u>					
Penetrations (DF, RAB, RT, GR, etc.) <u>3635.2' GR</u>	Name of Producing Formation <u>Grayburg, San Andres</u>	Top Oil/Gas Pay <u>2492'</u>	Tubing Depth <u>3209'</u>					
Explorations <u>2492-3189' attached</u>	Depth Casing Shoe <u>4544'</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>332'</u>	<u>250</u>
<u>7 7/8"</u>	<u>5 1/2" 15.50#</u>	<u>4544'</u>	<u>2450</u>
	<u>2 7/8"</u>	<u>3209'</u>	

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)

Date First New Oil Run To Tanks <u>1/2/86</u>	Date of Test <u>1/3/86</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	<u>last ID-2</u> <u>1-17-86</u> <u>camp + BK</u>
Length of Test <u>24 hrs.</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <u>63</u>	Oil-Bbls. <u>19</u>	Water-Bbls. <u>44</u>	Gas-MCF <u>120</u>

AS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Setting 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.

Carol J. Purcell
(Signature)
Production Clerk
(Title)
1/6/86
(Date)

OIL CONSERVATION DIVISION
JAN 16 1986

APPROVED _____, 19____
Original Signed By
BY Les 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 such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

Marbob Energy Corporation
Boyd-Dodd "B" #7
Perforations

2492
2495
2500
2502
2510
2516
2520
2523
2528
2531
2804
2819
2831
2838
2855
2861
2863
2870
2890
2893
2895
2908
2942
2966
2975
2992
3000
3005
3011
3017
3032
3035
3046
3050
3056
3072
3078
3097
3100
3113
3128
3152
3157
3162
3168
3170
3180
3189