

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

RECEIVED

Form C-104
Revised 10-1-70

MAY 06 1983

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATION	OPERATION OFFICE
OPERATOR	Operator
Marbob Energy Corporation	
Address	
P.O. Drawer 217, Artesia, N.M. 88210	
Reason(s) for filing (Check proper box)	
New Well	Designate
Recompletion	Change in Transporter of:
Change in Ownership	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	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
M. Dodd "B"	10	Grbg Jackson SR Qn Grbg SA	State, Federal or Fee Fed.	028731
Location				
Unit Letter	C	660 Feet From The	North	Line and
Line of Section	10	Township	17S	Range
				29E
				NADPM, Eddy
				County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Co., Trucking		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)
Phillips Petroleum Co.		4001 Penbrook, Odessa, Texas 79762
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	A	15
		Twp.
		17S
		Rge.
		29E
Is gas actually connected?	When	
Yes	4/23/83	

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'ty.	Diff. Re-
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, KKB, 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 OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top of

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 pt.)	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.

Carol Quis
(Signature)
Production Clerk
(Title)
5/3/83
(Date)

OIL CONSERVATION DIVISION

MAY 11 1983

APPROVED _____, 19

BY Original Signed By
Leslie A. Clements
TITLE Supervisor District II

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 deviate 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.