

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, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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Operator
Marbob Energy Corporation

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

Reason(s) for filing (Check proper box)	Designate Change in Transporter of:	Other (Please explain)
New Well ☐	Oil ☒ Dry Gas ☐	Request allowable of 2 bbl/day
Recompletion ☐	Casinghead Gas ☐ Condensate ☐	
Change in Ownership ☐		

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name M. Dodd "B"	Well No. 14	Pool Name, including Formation Grbg Jackson SR Qn Grbg SA	Kind of Lease State, Federal or Fed. Fed.	Lease No. 028731-
Location Unit Letter N : 990 Feet From The South Line and 1650 Feet From The West Line of Section 10 Township 17S Range 29E, NMPM, Eddy Count				

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) 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) 4001 Penbrook, Odessa, Texas 79762					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 15	Twp. 17S	Rge. 29E	Is gas actually connected? Yes	When 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't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RRB, 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 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	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 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)

5/3/83
(Date)

OIL CONSERVATION DIVISION

APPROVED **MAY 11 1983**
Original Signed By
BY **Leslie A. Clements**
Supervisor District II

TITLE
This form is to be filed in compliance with RULE 1154.
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 115.
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 ownership, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-well completions.