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TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>
OPERATION	
PRODUCTION OFFICE	
Operator	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED BY

RECEIVED SEP 30 1985
AND
ALLOWABLE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 ☐

Change in Transporter oil:

Oil ☐Casinghead Gas ☐Dry 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. 2	Pool Name, Including Formation Grbg Jackson SR Q G SA	Kind of Lease State, Federal or Fee Fed	Lease No. 028731 (E)
Location				
Unit Letter H	: 1980	Feet From The North	Line and 660	Feet From The East
Line of Section 14	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"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Dr. 159, Artesia, N.M. 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	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 9/23/85

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 type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input checked="" type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Resv. <input checked="" type="checkbox"/>	Diff. Resv. <input checked="" type="checkbox"/>
Date Spudded Orig 5/15/40 Re-entry 8/18/85	Date Comp. Ready to Prod. 6/23/40 9/23/85		Total Depth 4558'		P.B.T.D. 4522'			
Elevations (DF, RKB, RT, CR, etc.) 3634' DF	Name of Producing Formation San Andres		Top Oil/Gas Pay 3146'		Tubing Depth 3365'			
Perforations 3146-3345' Attached					Depth Casing Shoe 4538'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	13" 50#	242'	None, pulled
	10 3/4" 40#	471.1'	100 sax Pack ID-2
	7" 20#	2284'	100 sax 10-4-85
	4 1/2" 11.60#	4538'	450 sax Comp + BK

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 9/23/85	Date of Test 9/24/85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 34	Oil - Bbls. 6	Water - Bbls. 28	Gas - MCF 8

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	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)

9/26/85

(Date)

OIL CONSERVATION DIVISION

SEP 30 1985

APPROVED _____, 19

BY _____
Original Signed By
Les A. ClementsTITLE _____
Supervisor District II

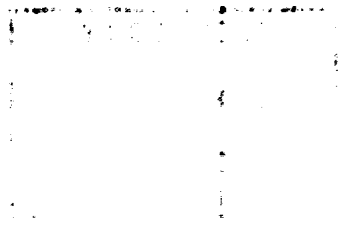
This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviator tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow able 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.



1

Marbob Energy Corporation
M. Dodd "B" #2
Perforations

3146
3148
3163
3168
3170
3184
3208
3229
3241
3247
3254
3258
3265
3278
3300
3311
3320
3326
3345

