

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

RECEIVED

NOV 1 1982

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.  
ARTESIA OFFICE

|   |   |
|---|---|
| I. OPERATOR   |   |
| Operator<br><u>Marbob Energy Corporation</u> ✓          |   |
| Address<br><u>P.O. Drawer 217, Artesia, N.M. 88210</u>  |   |
| Reason(s) for filing (Check proper box)                 |   |
| New Well <input type="checkbox"/>                       | Change in Transporter of:   |
| Recompletion <input type="checkbox"/>                   | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>               |
| Change in Ownership <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Effective <u>10/1/82</u>                                |   |

If change of ownership give name and address of previous owner Sun Exploration & Production Co., P.O. Box 1861, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

|                                  |  |  |  |                            |
|----------------------------------|--|--|--|----------------------------|
| Lease Name<br><u>M. Dodd "B"</u> | Well No.<br><u>6</u>   | Pool Name, including Formation<br><u>Grayburg Jackson Queen SA</u> | Kind of Lease<br>State, Federal or Fee <u>Fed.</u> | Lease No.<br><u>028731</u> |
| Location                         |  |  |  |                            |
| Unit Letter <u>C</u>             | <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> |  |  |                            |
| Line of Section <u>14</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 type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |      |
| <u>TA</u>   |  |      |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |      |
|   |  |      |
| If well produces oil or liquids, give location of tanks.  | Unit   | Sec. |
|   | Twp.   | Rge. |
|   | Is gas actually connected? When  |      |

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 Reservoir | Unit No. |
| Date Spudded                         | Date Compl. Ready to Prod.  | Total Depth     |           |          | P.B.T.D.          |        |           |                |          |
| Elevations (DF, RKB, 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 hole 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.

Carol Ann  
(Signature)

Production Clerk

10/29/82  
(Date)

OIL CONSERVATION DIVISION

NOV 3 1982

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

BY Mike Williams

TITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devt. 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 oil well name or number, or transporter, or other such change of cond.

Separate Forms C-104 must be filed for each pool in new recompleted wells.

