

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY

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O. C. D.

ARTESIA, OFFICE

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SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

Operator

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 of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name M. Dodd "B"	Well No. 36	Pool Name, including Formation Grayburg Jackson SR-2-1-22	Kind of Lease State, Federal or Fee Fed.	LC Case No. 028731 (
Location Unit Letter <u>O</u> ; <u>330</u> Feet From The <u>South</u> Line and <u>1345</u> Feet From The <u>East</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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Co., Trucking	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 <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?		When		
Yes		2/20/84		

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded 1/21/84	Date Compl. Ready to Prod. 2/20/84		Total Depth 3453'		P.B.T.D. 3445'			
Elevations (DF, RKB, RT, GR, etc.) 3602.9' GR	Name of Producing Formation San Andres, Metex, Lovington		Top Oil/Gas Pay 2437'		Tubing Depth 3330'			
Perforations 2437-3336' per attached					Depth Casing Shoe 3453'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 24#	336'	225 sax, circ. 75
7 7/8"	5 1/2" 15.50 & 17#	3453'	1050 sax, circ. 66
	2 7/8"	3330'	

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)

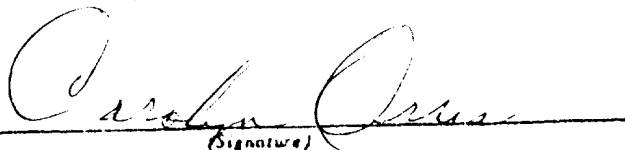
Date First New Oil Run To Tanks 2/20/84	Date of Test 2/21/84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 107	Oil-Bbls. 67	Water-Bbls. 40	Gas-MCF 100

Post FD-2
3-2-84
Camp + RK

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.

Production Clerk

(Title)

2/27/84

(Date)

OIL CONSERVATION DIVISION

MAR 01 1984

APPROVED _____, 19

Original Signed By

BY _____ Leslie A. Clements

Supervisor District II

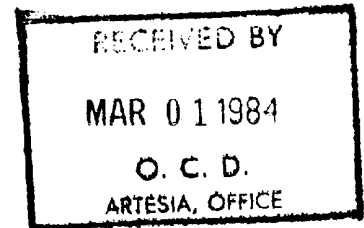
TITLE _____

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

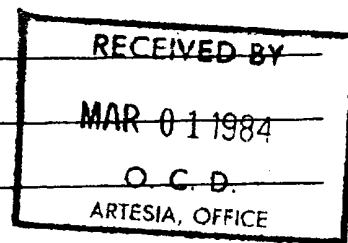
If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the deviate
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own-
er name or number, or transporter, or other such change of condi-
tion.Separate Forms C-104 must be filed for each pool in multi-
completed wells.

Marbob Energy Corp.
M. Dodd "B" #36
Perforations

2437'	3021'
2446'	3024'
2450'	3076'
2451'	3077'
2465'	3080'
2474'	3093'
2478'	3104'
2545'	3111'
2550'	3118'
2554'	3131'
2555'	3133'
2556'	3135'
2557'	3156'
2620'	3161'
2628'	3168'
2635'	3173'
2642'	3193'
2655'	3199'
2662'	3223'
2663'	3239'
2665'	3243'
2667'	3246'
2669'	3250'
2681'	3264'
2689'	3268'
2697'	3276'
2698'	3284'
2793'	3290'
2798'	3305'
2809'	3311'
2810'	3333'
2818'	3336'
2819'	
2837'	
2841'	
2849'	
2874'	
2888'	
2916'	
2934'	
2951'	
2966'	
2977'	
2983'	
2992'	
2997'	



WELL NAME AND NUMBER Dodd "B" Fed. #36 ✓
LOCATION _____
OPERATOR Marbob Energy
DRILLING CONTRACTOR Salazar Brothers Drilling Inc



The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above described well and has conducted deviation tests and obtained the following results:

<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>
<u>1/2 @ 530</u>	_____	_____
<u>1/4 @ 1026</u>	_____	_____
<u>1/2 @ 1526</u>	_____	_____
<u>1 @ 2018</u>	_____	_____
<u>1/4 @ 2528</u>	_____	_____
<u>1/2 @ 3012</u>	_____	_____
_____	_____	_____

Drilling Contractor Salazar Brothers Drilling, Inc.

By: *Ignacio Salazar*
Title: President

Subscribed and sworn to before me this 3 day of February,
19 84

Sheen Maestas
Notary Public

My Commision Expires: May 10, 1986 _____ County of Bernalillo