

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
NATURAL GAS	
OPERATOR	
PRODUCTION OFFICE	

I. OPERATOR  
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 ☐  
Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

MAR 26 1984

O. C. D.  
ARTESIA, OFFICE

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>M. Dodd "A"</u>	Well No. <u>29</u>	Pool Name, including Formation <u>Grayburg Jackson</u>	Kind of Lease State, Federal or Fee <u>Fed.</u>	L/Lease No. <u>028731</u>
Location Unit Letter <u>G</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>1370</u> Feet From The <u>East</u> Line of Section <u>22</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"/> <u>Navajo Refining Co., Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 159, Artesia, N.M. 88210</u>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Penbrook, Odessa, Texas 79762</u>		
If well produces oil or liquids, give location of tanks.	Unit <u>J</u> Sec. <u>22</u> Twp. <u>17S</u> Rge. <u>29E</u>	Is gas actually connected? <u>Yes</u>	When <u>3/19/84</u>

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>3/3/84</u>	Date Compl. Ready to Prod. <u>3/19/84</u>		Total Depth <u>3460'</u>		P.B.T.D. <u>3424'</u>			
Elevations (DF, RNB, RT, GR, etc.) <u>3573.1' GR</u>	Name of Producing Formation <u>San Andres</u>		Top Oil/Gas Pay <u>2665'</u>		Tubing Depth <u>3371'</u>			
Perforations <u>2665-3351' per attached</u>					Depth Casing Shoe <u>3454'</u>			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8" 24#</u>	<u>373'</u>	<u>250, circ. 30</u>
<u>7 7/8"</u>	<u>5 1/2" 15.50#</u>	<u>3454'</u>	<u>1300, circ. 75</u>
	<u>2 7/8"</u>	<u>3371'</u>	

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 <u>3/19/84</u>	Date of Test <u>3/20/84</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <u>94</u>	Oil-Bble. <u>26</u>	Water-Bble. <u>68</u>	Gas-MCF <u>122</u>

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. 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.

Carolyn Davis  
(Signature)  
Production Clerk  
(Title)  
3/23/84  
(Date)

## OIL CONSERVATION DIVISION

APPROVED MAR 27 1984, 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 allowable 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 multiple completed wells.

Marbob Energy Corp. ✓  
M. Dodd "A" #29  
Perforations

2665	3206
2679	3215
2691	3224
2702	3231
2710	3237
2721	3249
2726	3256
2743	3268
2749	3273
2756	3278
2762	3286
2778	3310
2784	3351
2797	
2806	
2822	
2829	
2856	
2866	
2883	
2901	
2918	
2927	
2960	
2969	
2975	
2982	
2999	
3009	
3012	
3041	
3066	
3074	
3124	
3130	
3140	
3146	
3170	
3180	
3197	