

NO. OF COPIES DESIRED	
DISTRICT	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.U.S.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PROMOTION OFFICE	<input checked="" type="checkbox"/>

OIL CONSERVATION DIVISION  
RECEIVED BY P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501  
JAN 28 1985  
O. C. REQUEST FOR ALLOWABLE  
ARTESIA, OFFICE AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Marbob Energy Corporation ✓  
Address P.O. Drawer 217, Artesia, N.M. 88210  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name  
and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name <u>M. Dodd "A"</u>	Well No. <u>36</u>	Pool Name, Including Formation <u>Grbg Jackson SR Q G SA</u>	Kind of Lease State, Federal or Fee <u>Fed.</u>	Lease No. <u>028731 (A)</u>
Location Unit Letter <u>N</u> : <u>990</u> Feet From The <u>South</u> Line and <u>2310</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				

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.</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>1/6/85</u>

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 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>12/11/84</u>	Date Compl. Ready to Prod. <u>1/6/85</u>	Total Depth <u>3535'</u>		P.B.T.D. <u>3493'</u>				
Elevations (DF, RKB, RT, CR, etc.) <u>3608.25' GR</u>	Name of Producing Formation <u>Grayburg, San Andres</u>		Top Oil/Gas Pay <u>2428'</u>		Tubing Depth <u>3345'</u>			
Perforations <u>2428-3325' attached</u>					Depth Casing Shoe <u>3506'</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>355'</u>	<u>250</u>
<u>7 7/8"</u>	<u>5 1/2" 15.50#</u>	<u>3506'</u>	<u>1400</u>
	<u>2 7/8"</u>	<u>3345'</u>	

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>1/7/85</u>	Date of Test <u>1/8/85</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>95</u>	Oil-Bbls. <u>27</u>	Water-Bbls. <u>68</u>	Gas-MCF <u>110</u>

GOR 4074

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

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.

Carla Pucella  
(Signature)

Production Clerk

(Title)

1/24/85

(Date)

OIL CONSERVATION DIVISION

JAN 30 1984

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

BY \_\_\_\_\_  
Original Signed By  
Leslie A. Clements

TITLE \_\_\_\_\_  
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 deviated 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 Forms C-104 must be filed for each pool in multiple.



1. 10. 1917. 1. 10. 1917.  
[10. 10. 1917. 1. 10. 1917.]  
10. 10. 1917. 1. 10. 1917.

Marbob Energy Corporation  
M. Dodd "A" #36  
Perforations

2428	3174
2430	3188
2432	3204
2435	3213
2437	3220
2439	3227
2457	3231
2466	3238
2482	3257
2493	3261
2770	3279
2775	3288
2786	3297
2796	3303
2808	3316
2815	3325
2822	
2828	
2852	
2880	
2898	
2914	
2927	
2931	
2941	
2946	
2956	
2962	
2973	
2981	
2990	
2996	
3022	
3041	
3054	
3063	
3072	
3084	
3096	
3120	
3125	
3138	
3142	
3145	

