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OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

RECEIVED BY
DEC 21 1985
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
ARTESIA, OFFICE

Operator
Marbob Energy Corporation ✓

Address
P.O. Drawer 217, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name M. Dodd "B"	Well No. 51	Pool Name, including Formation Grbg Jackson SR Q G SA	Kind of Lease State, Federal or Fee Fed.	LQ Lease 02873
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Location
Unit Letter D : 1245 Feet From The North Line and 1245 Feet From The West
Line of Section 14 Township 17S Range 29E , NMPM, Eddy Co.

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. Box 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 <u>A</u> Sec. <u>15</u> Twp. <u>17S</u> Rge. <u>29E</u>	Is gas actually connected? <u>Yes</u> When <u>12/12/85</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. <input type="checkbox"/>
Date Spudded 10/24/85	Date Compl. Ready to Prod. 12/21/85	Total Depth 5838'	P.B.T.D. 5200'					
Elevations (DF, RKB, RT, GR, etc.) 3615.2' GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 2445'	Tubing Depth 3340'					
Perforations 2445-3320' attached			Depth Casing Shoe 5800.57'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 24#	337'	250 Post FD-2
7 7/8"	5 1/2" 15.50#	5800.57'	2450 1-10-86
	2 7/8"	3340'	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
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 12/12/85	Date of Test 12/13/85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 18	Oil-Bbls. 18	Water-Bbls. frac wtr	Gas-MCF 62

GAS WELL

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

12/17/85

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 31 1985, 19____
Original Signed By
BY Les A. Clements
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 deep
well, this form must be accompanied by a tabulation of the devi-
tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for a
able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of ov-
well name or number, or transporter, or other such change of condi-
Separate Forms C-104 must be filed for each pool in mul-
completed wells.

Marbob Energy Corporation
M. Dodd "B" #51
Perforations

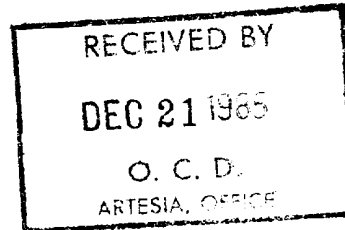
2445	3018
2447	3035
2449	3052
2451	3061
2453	3070
2454	3079
2468	3106
2477	3108
2496	3113
2506	3133
2518	3142
2532	3147
2540	3165
2548	3174
2614	3183
2622	3192
2634	3203
2646	3213
2656	3236
2658	3257
2660	3266
2662	3271
2765	3280
2774	3298
2785	3309
2789	3320
2797	
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2820	
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2951	
2963	
2969	
2987	
3004	
3009	
3010	

ARTESIA FISHING TOOL COMPANY

P. O. BOX ~~500~~ PHONE (505) 746-6651
470

ARTESIA, NEW MEXICO 88210

November 13, 1985



Marbob Energy Corporation
PO Box 304
Artesia, NM 88210

✓
Re: M. Dodd B #51
1245' FNL & 1245' FWL
Sec. 14, T17S, R29E
Eddy County, New Mexico

Gentlemen:

The following is a Deviation Survey for the above captioned well.

DEPTH	DEVIATION
360'	1/2°
846'	1/2°
1335'	1/2°
1836'	3/4°
2300'	1/2°
3859'	3/4°
3355'	3/4°
3852'	1/2°
4349'	1/2°
4844'	1°
5221'	1 1/4°
5838'	3/4°

Very truly yours,

B. N. Muncy Jr.
Secretary

STATE OF NEW MEXICO §
COUNTY OF EDDY §

The foregoing was acknowledged before me this 13th day of November, 1985.

NOTARY PUBLIC