DIMIL OF THE TE GY AND ADDITIONALS DEPARTMENT -- -----DISTRIBUTION HIAFE V 1.0.1. TRANSPORTER OIL GAS

OIL CONSERVATION DIVIS ON RECEIVED BY F. O. DOX 2088 SANTA FE, I EW MEXICO 87501

JAN 9 1986
REQUEST FOR ALLOWABLE

O. C. D. O. C. D. AND AUTHORITO TRANSPORT OIL AND NATURAL GAS

Production Clerk (Title)

1/6/86

(Date)

(perator							
Marbob Energy Corpora	ation /						
Address	N. M. 00010						
P.O. Drawer 217, Arte		Other (Please	esplaint				
New X	reson(s) for filing /(.neca proper out)						
Recompletion	cii	in a second					
Change in Ownership	Castnahead Gas Conden	sate					
			Statement of Statement Statement of Statement Statement of Statement Statement Statement Statement Statement S				
I change of ownership give name and address of previous owner.					<u> </u>		
ESCRIPTION OF WELL AND	LEASE						
Lease Name	Well No. Pool Name, Including Fo			μυ- ,			
M. Dodd "B"	55 Grbg Jackson S	SR Q G Sa State, Federal or Fee Fed 028731(1			(D) (D)		
Location		1000		••			
Unit Letter N : 1	295 Feet From The South Line	• and <u>1980</u>	Feet From T	h• <u>West</u>			
Line of Section 11 To	ownship 17S Range	29E , NMPM,	Ed	ldy	County		
		_					
ESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	S Aidress (Give address &	o which approv	ed copy of this fo	rm is to be sent)		
Name of Authorized Transporter of C		•					
Navajo Refining Co. Name of Authorized Transporter of Casinghead Gas X or Dry Gas		P.O. Dr. 159, Artesia, N.M. 88210 Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Co.		4001 Penbrook, Odessa, Texas 79762					
	Unit Sec. Twp. Rge.			Is gas actually connected? When			
if well produces oil or liquids, give location of tanks.	A 15 17S 29E	Yes	! 	12/30	0/85		
this production is commingled w	ith that from any other lease or pool,	give commingling order	number:				
OMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Sar	ne Resiv. Dill. Resiv.		
Designate Type of Complet		X	j	1	†		
Oute Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.			
11/17/85	12/30/85	4540'		4512'			
clevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay		Tubing Depth			
3630.2' GR	San Andres	2768 '		3470 '			
Perforations				Depth Casing St	100		
2768-3415' attached				4526			
	TUBING, CASING, AND	1		T			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT			
14 3/4"	10 3/4" 40#	328'		350 sst IA 2			
9 1/2"	7" 20#	4526'		2800	1-24-86		
	2 7/8"	3470'			comp + BK		
		<u> </u>	41 1 1	<u> </u>			
JEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume pth or be for full 24 hours	me of toda off a	and what on admit	to by extend top arrow		
off, While, out New Oil Run To Tanks	HI ALIM		Producing Method (Flow, pump, gas lift, etc.)				
12/30/85	12/31/85	Pumping					
Length of Test	Tubing Presews	Casing Pressure		Choke Size			
24 hrs.							
Actual Pred. During Test	Oil-Bble.	Water - Bbls.		Gds-MCF			
42	42	frac water		189			
AS WELL	Leady of Test	Bbls. Condensate/AMCI		Gravity of Cond	entale		
Actual Fred. 7 . 11 - MCF/D	Length of Test	Sold Company Name					
Besting Method (pitor, back pr.)	Tubing Presewe (Shut-in)	Cosing Pressure (Shut-	-in)	Choke Size			
A AMERICAN STREET OF THE PROPERTY AND A PARTY OF THE PART	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ļ		<u> </u>			
ERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION					
Little Com Linner		IAM 1 C 1006					
hereby certify that the rules and regulations of the Oil Conservation division have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.		APPROVED					
		Original Signed By					
		BYtes A. Clements					
		TITLESupervisor District					
		This form is to be filed in compliance with MULE 1104.					
	Jura Ola	lead or despendent for a newly drilled or despendent					
(Signalwe)		well, this form must be accompanied by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation well, the property of the second					

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 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 multiply completed wells.

RECEIVED BY 17 m mary 31 mm

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