COPER COLL COLL COLL COLL COLL COLL COLL COL	FEB 12	W MEXICO 87501 1987 OF ALLOWALLE AND		
Marbob Energy Corpor	ation /			
P.O. Drawer 217, Art	esia, New Mexico 88210			
essents) for hing ((Arch proper box		Other (Please explain)		
tecompletion	Oil Dry	co• 🔲		
Survive In Ownership	Casinghead Gas Cond	fensate []		
change of ownership give name disditions of previous owner				
CRIPTION OF WELL AND	LEASE Well No. Pool Name, Including	Formation Kind of Lease	LC•a• No.	
M. Dodd "B"	56 Grbg Jackson	SR Q G SA State, Federa	lor Feo Fed. 028731(B)	
	345 Feel From The South L	Ine and 990 Feet From	The WEst	
tre of Section 11 Tox	enship 17S Range	29E , NMPM, Eddy	County	
SOLATION OF TRANSPORT	TER OF OIL AND NATURAL G	AS Address (Give address to which appro-	ved copy of this form is to be sent)	
Navajo Refining Co., Pipeline P.O. Box 159, Artesia, N.M. 88210			N.M. 88210	
e of A vicined Transporter of Casinghead Gas () or Dry Gas		Address (Give address to which approved copy of this form is to be sent)		
Phillips 66 Natural Gas Co. Unit Sec. Twp. Rge.			4001 Penbrook, Odessa, Texas 79762	
he approvides oil or liquids, we areation of tanks.	A 15 17S 291	Yes !	2/6/87	
	th that from any other lease or pool	l, give commingling order number:		
13 1 110N DATA 13 Signate Type of Completic	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff, Resty,	
12/26/86	Date Compl. Ready to Prod. 2/6/87	Total Depth 4517'	P.B.T.D. 4485'	
-viscos (DF, RKB, KT, GR, etc.)	*Iame of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
3625.9' GR San Andres		2763'	3316' Depth Casing Shoe	
2763-3296' atta			4507'	
HOLE SIZE	TUBING, CASING, AN	O CEMENTING RECORD	SACKS CEMENT	
12 1/4"	8 5/8" 24#	252'	250 sax Pert IP-2	
7 7/8"	5 1/2" 15.50#	4507'	2250 sax 2-12-87	
	2 7/8"	3316'	Gemp y DK	
O DATA AND REQUEST FO		after recovery of socal volume of load oil (tepth or be for full 24 hours)	and must be equal to or exceed top allow-	
			Producing Method (Flow, pump, gas lift, etc.)	
2/6/87	2/7/87	Pumping		
2/7/87	Tubing Pressure	Casing Pressure	Choke Size	
Fred. During Test	Oil-Bbis.	Water - Bbis.	Gas-MCF	
36	36	frac wtr	61	
AS WULL				
Dougled Test-MCF/D	Length of Teet	Bbls. Condensate/MMCF	Gravity of Condensate	
or ing Method (pitot, back pri)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chake Size	
ETIFICATE OF COMPLIANC	CE CE	OIL CONSERVAT		
ere's certify that the rules and re	egulations of the Oll Conservation	APPROVED FEB 2 4	1987	
ision have been complied with and that the information given be is true and complete to the best of my knowledge and belief.		By Original Signed By Mike Williams		
		Mike Williams TITLE Oil & Gas Inspector		
	;		•	
(101/1)	Finalle.	This form is to be filed in c	able for a newly drilled or despense	
(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.		
Carolyn Purcella		All sections of this furm must be filled out completely for allow-		
(1 (1 e) 2/10/87		able on new and recompleted wells. Fill out only Sections 1, II, III, and VI for changes of owner,		
(Pate)		well name or number, or transporter, or other such thange of condition.		
, ,		Separate Forms C-104 must be filed for each pool in multiply completed wells.		

Marbob Energy Corporation
M. Dodd "B" #56
Perforations

3250

ARTESIA FISHING TOOL COMPANY

P. O. BOX 64X PHONE (505) 746-6651 470

ARTESIA, NEW MEXICO 88210

January 12, 1987

RECEIVED BY FEB 12 1987 O. C. D. ARTESIA, OFFICE

Marbob Energy Corporation PO Drawer 217 Artesia, NM 88211

Re:

M. Dodd B #56

990' FWL & 1345' FSL Sec. 11, T17S, R29E Eddy County, New Mexico

Gentlemen:

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

DEPTH	DEVIATION	
308'	l°	
982'	3/4°	
1509'	3/4°	
2220'	3/4°	
2663'	1/2°	
3045'	1/2°	
3489'	3/4°	
3980'	1/2°	
4525'	1/4°	

Very truly yours,

B. N. Muncy Jr. Secretary

STATE OF NEW MEXICO

Ş COUNTY OF EDDY

The foregoing was acknowledged before me this 12th day of January, 1987.

OFFICIAL SEAL NOTARY PUBLIC REGINIA L. GARNER NOTARY PUBLIC - NEW MEXICO NOTARY BOND FILED WITH SECRETARY OF STATE

My Commission Expires ___