

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

RECEIVED

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

JAN - 2 '90

O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Marbob Energy Corporation</u>		Well API No. <u>30-015-26227</u>
Address <u>P. O. Drawer 217, Artesia, NM 88210</u>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>M. Dodd "B"</u>	Well No. <u>65</u>	Pool Name, Including Formation <u>Grbg Jackson SR Q Grbg SA</u>	Kind of Lease <u>State, Federal or XXX</u>	Lease No. <u>LC-028731 (B)</u>
Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1345</u> Feet From The <u>East</u> Line Section <u>14</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.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Drawer 159, Artesia, NM 88210</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips 66 Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Penbrook, Odessa, TX 79761</u>					
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>12/11/89</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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>11/12/89</u>	Date Compl. Ready to Prod. <u>11/21/89</u>		Total Depth <u>4585'</u>		P.B.T.D. <u>4542'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3623.6' GR</u>	Name of Producing Formation <u>San Andres</u>		Top Oil/Gas Pay <u>2805</u>		Tubing Depth <u>3440'</u>			
Perforations <u>2805-3410'</u>					Depth Casing Shoe <u>4564'</u>			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>345'</u>	<u>225</u>
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>4564'</u>	<u>1540</u>
	<u>2 7/8"</u>	<u>3440</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 Tank <u>12/10/89</u>	Date of Test <u>12/11/89</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <u>38</u>	Water - Bbls. <u>80</u>	Gas - MCF <u>76</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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  
Rhonda Nelson  
Printed Name  
Rhonda Nelson  
Title  
Production Clerk  
Date  
12/27/89  
Telephone No.  
748-3303

OIL CONSERVATION DIVISION

Date Approved JAN 15 1990

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

# ARTESIA FISHING TOOL COMPANY

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

ARTESIA, NEW MEXICO 88210

November 24, 1989

Marbob Energy  
PO Drawer 217  
Artesia, NM 88211

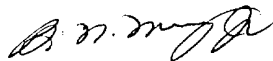
Re: M. Dodd B #65  
1980' FSL & 1345' FEL  
Sec. 14, T17S, R29E  
Eddy County, New Mexico

Gentlemen:

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

DEPTH	DEVIATION
358'	3/4°
620'	1°
1017'	2°
1363'	1°
1867'	1°
2364'	1°
2839'	1°
3359'	1°
3972'	1 1/4°
4585'	1 1/4°

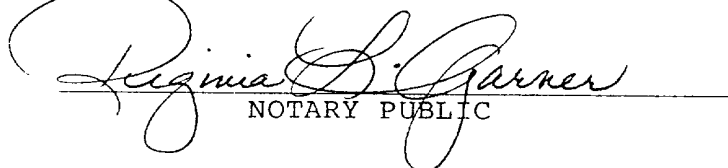
Very truly yours,



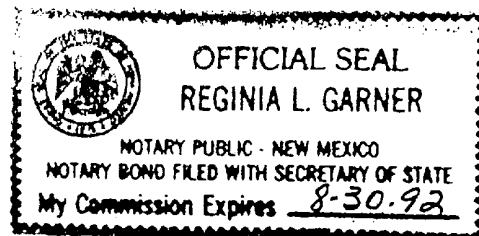
B. N. Muncy Jr.  
Secretary

STATE OF NEW MEXICO §  
COUNTY OF EDDY §

The foregoing was acknowledged before me this 24th day of November, 1989.



NOTARY PUBLIC



MARBOB ENERGY CORPORATION

M. Dodd "B" #65

Perforations

2805  
2819  
2823  
2834  
2844  
2845  
2862  
2863  
2867  
2868  
2875  
2877  
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