

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.U.S.	<input checked="" type="checkbox"/>
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

Operator Marbob Energy Corporation

Address P.O. Drawer 217, Artesia, N.M. 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"/> 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 <u>M. Dodd "B"</u>	Well No. <u>49</u>	Pool Name, Including Formation <u>Grbg Jackson SR Q G SA</u>	Kind of Lease State, Federal or Free <u>Fed.</u>	LC Case No. <u>028731 (B)</u>
Location Unit Letter <u>E</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>840</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>A</u> Sec. <u>15</u> Twp. <u>17S</u> Rge. <u>29E</u>	Is gas actually connected? <u>Yes</u> When <u>2/22/85</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>1/27/85</u>	Date Compl. Ready to Prod. <u>2/22/85</u>	Total Depth <u>3550'</u>	P.E.T.D. <u>3518'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3606.7' GR</u>	Name of Producing Formation <u>Grayburg, San Andres</u>	Top Oil/Gas Pay <u>2424'</u>	Tubing Depth <u>3317'</u>					
Perforations <u>2424-3297' attached</u>			Depth Casing Shoe <u>3550'</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>335'</u>	<u>250</u>
<u>7 7/8"</u>	<u>5 1/2" 15.50#</u>	<u>3550'</u>	<u>800</u>
	<u>2 7/8"</u>	<u>3317'</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>2/23/85</u>	Date of Test <u>2/24/85</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>79</u>	Oil-Bbls. <u>37</u>	Water-Bbls. <u>42</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

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.



Production Clerk

(Title)  
2/26/85  
(Date)

OIL CONSERVATION DIVISION

MAR 6 1985

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Leslie 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 deepens 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 conditions. Separate Forms C-104 must be filled for each pool in multiple



Marbob Energy Corporation  
M. Dodd "B" #49  
Perforations

2424	3002
2429	3010
2431	3021
2432	3050
2433	3089
2450	3098
2460	3107
2464	3114
2478	3123
2488	3125
2512	3130
2524	3150
2532	3157
2554	3170
2560	3185
2597	3188
2607	3199
2621	3207
2639	3209
2641	3217
2643	3232
2740	3255
2753	3264
2763	3272
2766	3278
2779	3290
2790	3297
2804	
2810	
2817	
2820	
2843	
2866	
2876	
2889	
2904	
2909	
2917	
2925	
2931	
2945	
2953	
2985	
2990	