

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

NOV 4 1982

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR PROMOTION OFFICE Operator	
Marbob Energy Corporation	
Address P.O. Drawer 217, Artesia, N.M. 88210	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Effective 10/1/82	

If change of ownership give name and address of previous owner: Sun Exploration & Production Co., P.O. Box 1861, Midland, Texas 79702

I. DESCRIPTION OF WELL AND LEASE

Lease Name M. Dodd "B"	Well No. 18	Pool Name, including Formation Grayburg Jackson Qn. SA	Kind of Lease State, Federal or Fee Fed.	Lease No. 028731B
Location				
Unit Letter K	1980	Feet From The West	Line and 1980	Feet From The South
Line of Section 14	Township 17S	Range 29E	NMFLM Eddy	County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
TA	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

III. COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'n	Diff. Re-
Date Spudded	Date Compl. ready to Prod.	Total Depth	P.B.T.D.					
Elevations (OF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

IV. 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)

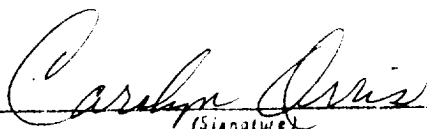
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL.

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

V. 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

10/29/82

(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 4 1982

BY Mike Williams

TITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 110.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 Form C-104 must be filed for each pool in multi-well completions.

