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

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

Revised 1-1-89 See Instructions at Bottom of Page

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

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

Q. (, D.

DISTRICT III		07.110
1000 Rio Brazos	Rd, Aziec, NM	87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	HEQUI T	OTRA	NSPO	RT OIL	AND NAT	URAL GA	S Wall AP	rNo.			
erator								5- 02971			
Marbob Energy Corpo	ration									1/1	
dress P. O. Drawer 217, A	rtesia,	NM 88	3210	<u> </u>	X Other	(Please explai	n)		<u> </u>	1,	
ason(s) for Filing (Check proper box)		Change in	T	er of:	Change	from Le	ase to U	Init			
w Well			Dry Gas		From:	Keely C	Federal	# 45			
∞mpletion	Oil Casinghead	_	•	ic 🗍	Effect	ive 8/1/	93				
ange in Operator Lange of operator give name	Cantiglicat	. 048									
address of previous operator										•	
DESCRIPTION OF WELL	AND LEA	SE	DI No.	ne Includir	ng Formation		Kind of		I	ase No.	
ase Naux urch Keely Unit		13	Grb	Jacks	son SR Q	Grbg SA	XMMX	ederal or PKK			
ocation			. 				_		E		
Unit Letter H	:19	980	_ Feet From	in The	N Line	and73	<u>55</u> F ≈	t From The _	E	Line	
12	1.	7 S	Range	0.0	9E <u>, nn</u>		Eddy			County	
<u> </u>											
I. DESIGNATION OF TRA	NSPQRTE	R OF O	IL AND	NATU	Address (Give	address to wh	ich approved	copy of this fo	rm is to be se	nt)	
ame of Authorized Transporter of Oil		TA	usait [P. O. B	ox 159,	Artesia,	NM 882	210		
Name of Authorized Transporter of Casinghead Gas A or Dry Gas OTM Cas Corporation				Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762							
well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually	connected?	When	7			
ve location of tanks.		L		<u></u>	<u> </u>						
this production is commingled with the	at from any od	her lease of	r pool, giv	e comming	ing order num	жг					
V. COMPLETION DATA		Oil We	11 1 0	Jas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completic	on - (X)	OII WE	.	one it vii	i	<u> </u>	<u>i</u>	P.B.T.D.			
Designate 1) po or comp	Date Con	Date Compl. Ready to Prod.			Total Depth	Total Depth					
			F		Top OlVG21	Top Oil/Gas Pay			Tubing Depth		
levations (DF, RKB, RT, GR, etc.)	Name of	Name of Producing Formation			1 op Old Oas	TOP OWOEST #J			rming pehm		
Perforations								Depth Casir	ig Shoe		
Cinienana								<u> </u>			
					CEMENT	CEMENTING RECORD			SACKS CEMENT		
HOLE SIZE	C.	ASING &	TUBING :	SIZE	 	DEPTH SET			of IN	7-3	
								1 5	-21	93	
								10	he bo	name	
					_			1			
V. TEST DATA AND REQU	JEST FOR	ALLOY	VABLE		l				C C./! 24 ha	ime l	
OIL WELL (Test must be aft	er recovery of	iolal volum	ne of load	oil and mu	si be equal to o	r exceed top as	llowable for th	is depin or be elc.)	jorjui 24 no		
Date First New Oil Run To Tank	Date of				Producing N	tenion (Linn')	amily 2 m s s s s				
	Tuking I	Tuking Processes		Casing Pressure			Choke Size				
Length of Test	1 uoing 1	Tubing Pressure					Gas- MCF				
Actual Prod. During Test	Oil - Bb	Oil - Bbls.		Water - Bbls.			Gas- MCr				
· · · · · · · · · · · · · · · · · · ·									,		
GAS WELL	<u> </u>				The Cana	nsale/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCIVD	Length o	Length of Test			Bbls. Condensate/MMCF						
	Tubing	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size				
Testing Method (pitot, back pr.)		·									
VI. OPERATOR CERTIE	FICATE C	OF CON	/PLIA	NCE		OIL CO	NSFRV	/ATION	DIVISI	ON	
and a second	renulations Of L	he Oil Cor	uservauou								
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			n=	Date Approved							
is true and complete to the best of	N, THOMICOBO		• •		Dai	e whhlon					
YK1_1.4	1.10)			D.,			יבט פע			
Signature	LLSO			,	∥ By.	ORIC	HNAL SIGN	4 60 01 -			
Rhonda Nelson		ductio.	<u>n Cle</u> Tide	<u>rk</u>	Tiu	MIKE SUP	ERVISOR,	DISTRICT	11		
Printed Name AUG 0 2 1992 199	3		748-31			<u> </u>					
Date			Telephone	No.							

and the service of the contraction of the contract of the cont 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.