Submit 5 Copies
Appropriate District Office
DISTRICT 1
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 NOV = 5 1992

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

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

Ö. C. D.

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			•		U.E. AND	ALITHODI	7471011				
HEQUEST FUH ALLOWABLE AND AUTHORIZAT								ION			
Operator /							Well 7	Well API No.			
Marbob Energy Corpor	ation	<u>/</u>									
Address P. O. Drawer 217, Ar	tesia.	NM 8	8210								
Reason(s) for Filing (Check proper box)	ccoray				Othe	er (Please expl	ain)				
New Well		Change in	-	[ ]	Ef	fective	11/1/92				
Recompletion	Oil		Dry Gas	· ·			• •				
Change in Operator X	Casinghea		Conden								
			<u>leum</u>	Compan	y, 4001	penbrook	, Odessa	a, TX 79	9762		
II. DESCRIPTION OF WELL AND LEASE  Veil No.   Pool Name, Including							Kind o	of Lease	Lease Lease No.		
KEELY A FEDERAL					ON SR Q GRBG SA XXX, F			Federal orxixex	LC-02	8784(A)	
Location Unit LetterE	:1	980	_ Feet Fro	on The	N Line	e and66	0 Fe	et From The _	W	Line	
Section 24 Township	, 17	S	Range	29	E , NI	мрм,	EDDY			County	
THE DECICAL TION OF TRAN	ระดากนะ	TR OF O	II. ANI	NATU	RAL GAS						
Parise of Manifester resulptions of on						Address (Give address to which approved copy of this form is to be sent)					
WIW Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
WIW											
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	<u> </u>	Is gas actuali		When	7			
If this production is commingled with that	from any oth	her lease or	pool, giv	e commingl	ing order numl	ber:					
IV. COMPLETION DATA		lou wat		Sas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	1	126 TT CIL	1 Mem Heir	IVOIROVOI				i	
Date Spudded	Date Compl. Ready to Prod.				Total Depth	<u> </u>	<u> </u>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations	<u> </u>				<u> </u>			Depth Casing	Shoe		
	<del></del>	TUDING	CACIN	IC AND	CEMENTI	NG RECOR	n en	<u>.l</u>			
1101 F 017F	TUBING, CASING AND CASING & TUBING SIZE				CLAMINIA	DEPTH SET		Ş	SACKS CEMENT		
HOLE SIZE	CASING & 100ING CIZE							OOSted 10:3			
							11-20-Ga				
								Chq. CD			
			A 11 1 12		<u> </u>			<u></u>	<u> </u>		
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ST FOR	ALLOW	ABLE	il and must	he equal to or	r exceed top all	owable for thi	s depth or be f	or full 24 hou	rs.)	
OIL WELL (Test must be after r  Date First New Oil Run To Tank	Date of T		oj loda i	in and musi	Producing M	lethod (Flow, p.	ump, gas lift, e	ic.)			
Date Pira New Oil Rule 10 Talle	Date of 1	Loc						<b></b>	<u> </u>		
Length of Test	Tubing Pressure				Casing Press	ure		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL			·						<del></del>		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Fosting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE O	F COMI	PLIAN	ICE	(		NSERV	ATION [	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above  in true and complete to the best of my knowledge and belief.					Date Approved NOV 1 0 1992						
W/ / Y	10					≥ ∨hhio∧e	·u				
Chonda MILSon					By ORIGINAL SIGNED BY						
Signature Rhonda Nelson Production Clerk					MIKE WILLIAMS						
Printed Name		<b>~</b>	Tide 18-330	1 7	Title	ŞUP	ERVISOR,	DISTRICT	19		
11/2/92	<del></del>		ephone N								

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.

and for each root in multiply completed wells.

