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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

Form C-104 Revised 1-1-89 See Instruction at Bottom of P

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

O. (D.

AUG 0 6 1993

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

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

W KIO BIAMS KE, MACC, MIN 57470	REQU	EST FO	JA AL		ILE AND A	UTHORIZ URAL GA	ATION S				
TO TRANSPORT OIL					Well Al						
Marbob Energy Corporation						·	30-0	015- 03084			
ddress P. O. Drawer 217, Ar			8210.								
.cason(s) for Filing (Check proper box)						r (Please expla		Unit			
Well Change in Transporter of: Oil Dry Gas					Change from Lease to Unit From: Keely B Federal # 18						
.ecompletion	Oil Guirelan		Conden	(tive 8/1		"			
Thange in Operator Lange of operator give name	Caringhead	d Oas	Conoca				·				
d address of previous operator										•	
DESCRIPTION OF WELL AND LEASE					Equation Kind o			Lease Lease No.			
Eurch Keely Unit	Well No. Pool Name, Includi Keely Unit 132 Grbg Jacl							ederal or FeXX			
ocetion			.L								
Unit LetterD	_ :	25	Feet Fr	om The	N Line	and	·25 F∞	t From The	<u> </u>	Line	
25		7S	Range			ирм,	Edd	у		County	
Section 25 Township	1 1	7.5	Range								
II. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS	e address to wh	iah anneanad	conv of this f	orm is to he se	nt)	
Name of Authorized Transporter of Oil	<u> </u>	or Conde	nsale		Womer Out	Box 159,	Artesia	, NM 8	8210	, 	
Navajo Refining Company Name of Authorized Transporter of Casinghead Gas A or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
GPM Gas Corporation					4001 Penbrook, Odessa, TX 79762						
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	ls gas actuall	y connected?	When	7			
ive location of tanks. I this production is commingled with that	(min any of	ler lesse of	nool pi	ve comming	ling order num	ber:					
V. COMPLETION DATA	HOIR any Ou	ici icasc oi	poor, p	, o o o o o o o o o o o o o o o o o o o					.,	_,	
		Oil Wel	11	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
	Designate Type of Completion - (X)				Total Depth	Total Depth			<u></u>		
ate Spudded Date Compl. Ready to Prod.							P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oll/Gas	Top Oll/Gas Pay			Tubing Depth		
					<u> </u>	<u> </u>			Depth Casing Shoe		
Perforations								<u> </u>			
TUBING, CASING AND					CEMENTI	CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
					_				21 10	3	
									cha be name		
	<u> </u>										
V. TEST DATA AND REQUE	STFOR	ALLOY	VABLE	<u>C</u>					Con Gill 24 has	l	
OIL WELL (Test must be after	recovery of	total volum	e of load	l oil and mu	st be equal to o	r exceed sop all lethod (Flow, p	lowable for the	s depin or be eic.)	jor juli 24 noi	<i>us.</i> ,	
Date First New Oil Run To Tank	Date of T	est			1 tomerng w	tonion (r. 10) P					
ength of Test Tubing Pressure				Casing Pressure			Choke Size				
engul of lest								Gas- MCF			
Actual Prod. During Test Oil - Bbls.					Water - Bbli	5.					
							<u></u>		•		
GAS WELL		C'Vest			Bbls. Conde	nsate/MMCF	· 	Gravity of	Condensale		
Actual Prod. Test - MCF/D Length of Test					•			Choke Size			
Testing Method (pitot, back pr.)	back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
				NGE		<u> </u>					
VI. OPERATOR CERTIFIC	CATE O	F COM	IPLIA	MCE		OIL CO	NSERV	ATION	DIVISIO	NC	
I hereby certify that the rules and regu	Mations of the	ie Oil Cons formation g	iven abo					9110 A 4	(***		
is true and complete to the best of my	knowledge	and belief.			Date	e Approve	ed	4U5 I 1	1993		
W/ / Un	10	.)									
Thonda /L	150			 _	By_	. <u>Abi</u>	CINIAL CIA	NED DV			
Signature Rhonda Nelson Production Clerk						ORIGINAL SIGNED BY MIKE WILLIAMS					
		7	Tiule 48-33	303	Title		ERVISOR		T-11		
AUG 0 2 1993			elephone								

Date

- 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.