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Appropriate District Office
DISTRICT 1
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 Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

NOV - 5 1992

DISTRICT III
VYV Pio Brazos Rd., Aziec, NM 87410

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

Santa Fe, New Mexico 87504-2088

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[,		TOTRA	NSPO	JHI OIL	ANU NA	AND NATURAL GAS WEILAPINO.						
Operator Wantach Engrav Corpora							30-015-05910					
Marbob Energy Corporation V												
Address P. O. Drawer 217, Ar	tesia,	NM 88	3210									
Reason(s) for Filing (Check proper box) Other (Please explain)												
New Well Change in Transporter of Effective 11/1/92												
Recompletion Oil Dry Gas Condensate Condensate												
Change in Operator X	Charles in Opciator Es											
If change of operator give name and address of previous operator Ph:	nd address of previous operator Phillips Petroleum Company, 4001 Fembreory											
II. DESCRIPTION OF WELL A	OF WELL AND LEASE Well No. Pool Name, Includin					a Formation Kind of			Lease Lease No.			
Lease Name KEELY C FEDERAL	l l							Federal oxige	X LC-02	8784C		
Kullin C 1222-22												
Unit Letter L : 1980 Feet From The S Line and 660 Feet From The W Line												
26 17C Barre 20F						County						
Section 20 Township 175 Tong												
HI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent)												
Name of Authorized Transporter of Oil or Condensate												
TA Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)						
Name of Administration 11-1-points												
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actuali	y connected?	When	•				
give location of tanks. If this production is commingled with that for		her lesse or	nool ni	ve comminati	ing order num	ber:						
If this production is commingled with that is IV. COMPLETION DATA	rom any ot	Het lease of	poor, gr	it comming.								
TV. COMPLETION DATA		Oil Wei	1 1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res	, 'Y	
Designate Type of Completion - (X)					Trace Name	<u> </u>	<u>l</u>	P.B.T.D.		ــــــــــــــــــــــــــــــــــــــ		
Date Spudded	Date Compl. Ready to Prod.				Total Depth	Iotal Depui						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Dept	h			
Elexanons [Dr., Mr.D., Mr., Oh, etc.)					Depth Casing Shoe							
Perforations								Deput Casin	P OII/O			
	CEMENTING RECORD											
HOLE OLE	CASING & TUBING SIZE				الماريسية بيرين	DEPTH SET			SACKS CEMENT			
HOLE SIZE	· · · · · · · ·							1-000	tea 1	45		
								1 / 1	00 T	<u> </u>		
						<u>,</u>		 	9	/		
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE	<u> </u>	J							
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ecovery of	total volum	e of load	l oil and must	be equal to o	r exceed sop all	owable for th	is depth or be j	for full 24 hou	rs.)		
Date First New Oil Run To Tank Date of Test						lethod (Flow, p	ump, gas iyi,	eic.j				
	Tubing Practice				Casing Pres	gure		Choke Size	Choke Size			
Length of Test	I notal b	Tubing Pressure						C. NCE				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
					<u></u>				,			
GAS WELL					TREE COLOR	meale/MMCF		Gravity of C	ondensate			
Actual Prod. Test - MCF/D	Length of Test				Bbls, Condensate/MMCF							
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pres	Casing Pressure (Shut-in)			Choke Size			
li eering Wenion (binor) corey by 3	g Memor (bass) seem b. V											
VI. OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION						
the constitution 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.					Date ApprovedNOV 1 0 1992							
is true and complete to the best of thy knowledge and believe						a whhings	, <u> </u>					
Khonda Milson						By ORIGINAL SIGNED BY						
Signature						By ORIGINAL SIGNED BY MIKE WILLIAMS						
Rhonda Nelson Production Clerk					Title SUPERVISOR, DISTRICT IT							
11/2/92 748-3303												
Date		Te	lephone	No.								

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- 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.

Form C 104 must be filed for each pool in multiply completed wells.