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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVA	TION DIVISIONNO	ov = 5 1992
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O. Bo Santa Fe, New Me	x 2088	O. C. D.
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALLOWAB	LE AND AUTHORIZATI	ON
I.	TO TRANSPORT OIL	AND NATURAL GAS	Well API No.
Openior Marbob Energy Corpor	ation $\sqrt{}$		
Address P. O. Drawer 217, Ar	tesia, NM 88210	Other (Please explain)	· · · · · · · · · · · · · · · · · · ·
Reason(s) for Filing (Check proper box)	C		
New Well	Change in Transporter of: Oil Dry Gas	Effective 11/1	./92
Recompletion Change in Operator	Caringhead Gas Condensate		
Camingo in Operation —	illips Petroleum Compan	y, 4001 Penbrook, Od	lessa, TX 79762
II. DESCRIPTION OF WELL	AND LEASE		
Lease Name	Well No. Pool Name, Including		Kind of Lease Lease No. State XXXX LC-028793A
BURCH AA FEDERAL	29 GRBG JACK	SON SR Q GRBG SA	State Federal XXXX LC-028793A
Location Unit LetterD	: 330 Feet From The	N Line and 330	Feet From The WLine
Section 19 Township	n 17S Range 30E	, NMPM,	EDDY County
DESTRUCTION OF THE AM	CROPUED OF OIL AND NATIO	RAL GAS	
Name of Authorized Transporter of Oil	SPORTER OF OIL AND NATUL	Address (Give address to which ap	proved copy of this form is to be sent)
NAVAJO REFINING CO.	P.O. DRAWER 159, ARTESIA, NM 88210		
Name of Authorized Transporter of Casing	head Gas X or Dry Gas	Address (Give address to which ap	proved copy of this form is to be sent)
GPM GAS CORPORATION		4001 PENBROOK, O	
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 i	from any other lease or pool, give commingli	ing order number:	
IV. COMPLETION DATA	County II Con Wall	New Well Workover De	epen Plug Back Same Res'v Diff Res'v
Designate Type of Completion	Oil Well Gas Well	New Well NOLOVEL De	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
		CEMENTING DECORD	
	TUBING, CASING AND	DEPTH SET	SACKS, CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEF ITTOET	pasted TD-3
			11-20-92
			cha op
V. TEST DATA AND REQUES	T FOR ALLOWABLE		<u> </u>
OIL WELL (Test must be after r	ecovery of total volume of load oil and must	be equal to or exceed top allowable Producing Method (Flow, pump, 80	for this depth or be for full 24 hours.)
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, purp. 80	Bigi, e.c.,
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas- MCF
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test - MCF/D	Lengur or Test		
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. OPERATOR 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.		OIL CONSERVATION DIVISION Date Approved NOV 1 0 1992	
all I h	(Production of the contraction o		
Chonda Mison		By ORIGINAL SIGNED BY	
Signature Rhonda Nelson	Production Clerk		VILLIAMS VISOR, DISTRICT IF
B. L. J. Manua	Title	II Tillo SUPER	TIOUN, DIGITALUT IT

to a control of the planting by the second of the second INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name 11/2/92

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

2) All sections of this form must be filled out for allowable on new and recompleted wells.

748-3303 Telephone No.

- 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.