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P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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NOV - 5 1992

O. C. D.

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Marbob Energy Corporation</u>		Well API No.
Address <u>P. O. Drawer 217, Artesia, NM 88210</u>		
Reason(s) for Filing (Check proper box)		<input type="checkbox"/> Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	Effective <u>11/1/92</u>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name and address of previous operator Phillips Petroleum Company, 4001 Penbrook, Odessa, TX 79762

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>BURCH AA FEDERAL</u>	Well No. <u>33</u>	Pool Name, including Formation <u>GRBG JACKSON SR Q GRBG SA</u>	Kind of Lease State Federal <input checked="" type="checkbox"/> Other	Lease No. <u>LC-028793A</u>
Location Unit Letter <u>B</u> : <u>25</u> Feet From The <u>N</u> Line and <u>2615</u> Feet From The <u>E</u> Line Section <u>19</u> Township <u>17S</u> Range <u>30E</u> , NMPM, <u>EDDY</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>NAVAJO REFINING CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. DRAWER 159, ARTESIA, NM 88210</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>GPM GAS CORPORATION</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 PENBROOK, ODESSA, TX 79762</u>			
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 from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> Diff Res'v
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	

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u>posted 10-3</u>
			<u>11-20-92</u>
			<u>Chg. Op.</u>

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Rhonda Nelson
Signature
Rhonda Nelson Production Clerk
Printed Name
11/2/92 Title
Date 748-3303 Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 10 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED BY
 MAR 05 1986
 O. C. D.
 ARTESIA OFFICE

STATE OF NEW MEXICO
 ENERGY AND MINERALS DEPARTMENT

Form C-104
 Revised 10-01-78
 Format 06-01-83
 Page 1

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OIL CONSERVATION DIVISION
 P. O. BOX 2088
 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: PHILLIPS PETROLEUM COMPANY ✓

Address: 4001 Penbrook Odessa, Texas 79762

Reason(s) for filing (Check proper box):

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas	Other (Please explain) Effective date 1-1-86
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Castinhead Gas		

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Burch AA Jod	Well No. 33	Pool Name, including Formation Grayburg-Jackson-SR-0-G-SA	Kind of Lease State, Federal or Fee Federal	Lease No. LC028793-A
Location Unit Letter <u>B</u> ; <u>25</u> Feet From The <u>North</u> Line and <u>2615</u> Feet From The <u>East</u> Line of Section <u>19</u> Township <u>17S</u> Range <u>30E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company-Pipeline Division	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, New Mexico 88210
Name of Authorized Transporter of Castinhead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762
If well produces oil or liquids, give location of tanks. Unit: <u>E</u> Sec.: <u>19</u> Twp.: <u>17S</u> Rge.: <u>30E</u>	Is gas actually connected? <u>YES</u> When: <u>09-01-77</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


 Ken Johnson
 Production Records Supervisor
 January 24, 1986
 (Date)

OIL CONSERVATION DIVISION

APPROVED MAR 7 1986, 19 _____

BY Les A. Clements
 TITLE Supervisor District 11

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
 Separate Forms C-104 must be filed for each pool in multiply completed wells.



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FEB 25 1986
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