Submit 5 Copies
Appropriate District Office
DISTRICT'
P.O. Box 1980, Hobbs, NM 88240

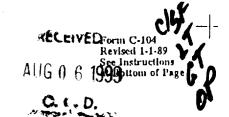
State of New Mexico .

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088.



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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TOT	RANSPO	ORT OIL	AND NA	TURAL GA	<u>s</u>				
Operator Composition						Well A	Pl No. 15- 03081			
Marbob Energy Corpor	ation					130-0	13- 0300	1		
Address P. O. Drawer 217, Ar	tesia, NM	88210	-							
Reason(s) for Filing (Check proper box)					r (Please expla		**			
New Well	Change in Transporter of: Change from Lease to Unit									
Recompletion Oil Dry Gas From: Keely A Federal # 4										
Change in Operator	Casinghead Gas	Conden	isale 📗	Effec	Live o/1	793				
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	AND LEASE								 	
Lease Name Burch Keely Unit	Well 1 62	ame, Includi og Jack	g Formation Kind o son SR Q Grbg SA XXXX			Lease Federal or PX	Lease No. ederal or PXK			
Location Unit LetterG	:2310	Feet Fi	om The	N Link	and16	550F∝	et From The _	E	Line	
Section 24 Township 17S Range 29					мгм,	Eddy		County		
Ш. DESIGNATION OF TRANS	SPORTER OF	OIL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil Navajo Refining Company Or Condensate P. O. Box 159, Artesia, NM 82810									nt)	
Name of Authorized Transporter of Casinghead Gas X or Dry Gas CPM Gas Corporation					Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.			Is gas actually connected? When			7			
If this production is commingled with that f	rom any other lease	or pool, giv	ve comuningl	ing order numl	ber:					
IV. COMPLETION DATA				1	1 32 1	1 5	Plug Back	Cama Bashi	Diff Res'v	
Designate Type of Completion -	Oil Y - (X)	Acti I	Gas Well	I Wem Meir	Workover	Deepen 	Plug Back	Same Kes A	Dill Kes 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 Oll/Gas Pay			Tubing Depth			
Perforations				<u> </u>			Depth Casing Shoe			
										
TUBING, CASING AND						<u>D</u>	1	CACKE OF UTILIT		
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
							3	8-11-93		
							the be name			
								7		
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR ALLO	WABLE	ail and must	he equal to as	exceed top all:	owable for this	denth or be t	for full 24 how	rs.)	
OIL WELL (Test must be after red Date First New Oil Run To Tank	Date of Test	une of toda	ou and musi	Producing M	ethod (Flow, pu	mp, gas lýl, e	ic.)	<u>,</u>		
Length of Test	Tubing Pressure			Casing Press	ште		Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
	<u> </u>			<u> </u>		•		, .		
GAS WELL Actual Prod. Test - MCF/D	Length of Test			Bbls. Conden	sale/MMCF		Gravity of C	ondensate		
Actual Prod. Test - MCPD	Length of Test									
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shul-in)			Choke Size			
YI. OPERATOR CERTIFIC	ATE OF CO	MPLIAN	NCE			ISERVA		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 is true and complete to the best of my knowledge and belief.				OIL CONSERVATION DIVISION AUG 1 1 1993						
Marine Compress to an all and a simple services of the service				Date Approved						
Signature Rhonda Nelson Production Clerk				By_	By ORIGINAL SIGNED BY MIKE WILLIAMS					
Rhonda Nelson Production Clerk Printed Name Title 748-3303				Title	Title SUPERVISOR, DISTRICT II					
Date		Telephone h								
a line of all a property and parties a linear contract property and the	was to be a second of	A 10 10 10 10							1. 1. 1.	

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.

