Submit 5 Copies
Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Attesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

Revised 1-1-89
See Instructions
at Bottom of Page RECEIVED

OIL CONSERVATION DIVISION

P.O. Box 2088 New Mexico 8

NOV - 5 1992

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	DEO!				RIFAND.	AUTHORIZ	 ZATION	Ö, C. D.			
I.	neu	TO TRA	ANSPO	ORT OIL	AND NA	TURAL GA	\S ***	and the same	re E		
Operator Marbob Energy Corporation							Well API No. 30-015-24711				
Address		<u> </u>									
P. O. Drawer 217, Ar	tesia,	NM 8	8210						· · · · · · · · · · · · · · · · · · ·		
Reason(s) for Filing (Check proper box) Other (Please explain)											
New Well Change in Transporter of: Effective 11/1/92											
Recompletion Oil Dry Gas Change in Operator X Casinghead Gas Condensate											
Change in Operator X	Casinghe		<u>'</u>						0760		
If change of operator give name Phillips Petroleum Company, 4001 Penbrook, Odessa, TX 79762 And address of previous operator											
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including						g Formation Kind of Lease Lease No.					
Lease Name BURCH BB FEDERAL					CSON SR Q GRBG SA State X				gederal or FexXXLC-208784(B)		
Location Unit Letter : 1300 Feet From The						Line and 530 Feet From The W Line					
Section 23 Township	17S		Range	2	9E , N	мгм,	I	EDDY		County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)					
NAVAJO REFINING COMPANY					P. O. BOX 159, ARTESIA, NM 88210						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas GPM 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.	ls gas actuali	ly connected?	When	7			
If this production is commingled with that f	rom any ot	her lease or	pool, giv	e commingl	ing order num	iber:					
IV. COMPLETION DATA								, 	,	-	
	<i>a</i> n	Oil Wel	1 0	Jas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -		_L			Total Depth	<u> </u>	İ	P.B.T.D.	l		
Date Spudded	Date Corr	ipl. Ready t	o Prod.		Total Depui			P.B.1.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 C						CEMENTING RECORD					
1101 5 0175	CASING & TUBING SIZE				DEPTH SET			,	SACKS CEMENT		
HOLE SIZE	CASING & TODING SIZE							00.51	posted ID-3		
								7 /1	1 /1-00-93		
								CP	19. Q 0	<u>) </u>	
									<u>U</u> .		
V. TEST DATA AND REQUES OIL WELL (Test must be after re	TFOR	ALLOW total volume	ABLE of load a	oil and must	be equal to or	r exceed top allo	wable for thi	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of T				Producing M	lethod (Flow, pu	mp, gas lift, e	ic.)			
Length of Test	Tubing Pressure				Casing Press	aure	<u> </u>	Choke Size			
·					Water - Bbls.			Gas- MCF			
Actual Prod. During Test	Oil - Bbis.				Water - Dois.						
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
resting incured (pass) and pass							· · · · · · · · · · · · · · · · · · ·	<u> </u>			
VI. OPERATOR CERTIFICATE OF COMPLIANCE					OIL CONSERVATION DIVISION						
I hereby certify that the rules and regulations of the Oil Conservation					JIE GONGENTING TO THE STATE OF						
Division have been complied with and that the information given above in true and complete to the best of my knowledge and belief.					Date Approved NOV 1 0 1992						
\mathcal{A}					Date Approved NUV 1 0 1992						
Thomas rulsin					By_	ORIGH	NAL SIGI	HED BY			
Signature Rhonda Nelson Production Clerk					MIKE WILLIAMS						
Printed Name Title					Title SUPERVISOR, DISTRICT IF						
11/2/92			ephone N								
Date					ll					1 1 1 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.