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

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

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

State of New Mexico Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

MOV 7:5 1992 O. C. D.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

			ムハクト		IL MI	אנו טו	IOLIAL	Uni	,				
Operator									Well 7	IPI No.			
Marbob Energy Corpor	ration									<u>, ,</u>			
P. O. Drawer 217, A.	rtesia,	NM 8	8210			1 61	(5)	<del></del>	<del>,</del>				
Reason(s) for Filing (Check proper box) New Well		Change is	n Transn	orter of:	L_	,	er (Please e	-					
Recompletion	Oil		Dry G			Ef	fectiv	re 1	1/1/92				
Change in Operator X	Casinghe		Conde	=									
change of operator give name nd address of previous operator	nillips	Petro	1eum	Compa	iny,	4001	penbro	ok,	Odess	a, TX 7	9762	<del></del>	
I. DESCRIPTION OF WELL	AND LE	ASE											
Lease Name BURCH BB FEDERAL	Well No.   Pool Name, Includi					ing tollimana				of Lease Federal <u>XX Res</u>		Lease No. LC-028784-93(B)	
Location Unit Letter H	. 198	30	_ Feet F	rom The	N	Lin	e and	66	0 Fe	et From The _	Е	Line	
Section 23 Townshi	p 17S		Range	29E		, NI	мрм,	E	DDY			County	
II. DESIGNATION OF TRAN	SPORTI	ER OF C	IL AN	ND NAT	URAL	GAS		<del></del>	<del>,</del>				
Name of Authorized Transporter of Oil  NAVAJO REFINING COMPANY  Or Condensate						P. O. BOX 159, ARTESIA, NM 88210							
ime of Authorized Transporter of Casinghead Gas Or Dry Gas PM GAS CORPORATION									h approved DESSA ,	copy of this form is to be sent) TX 79762			
If well produces oil or liquids, ive location of tanks.					e. Is g	Is gas actually connected? When				7			
this production is commingled with that V. COMPLETION DATA	from any ot	lier lease or	pool, g	ive commi	igling o	rder numl	ber:						
Designate Type of Completion	- (X)	Oil Wel	1	Gas Well	N	ew Well	Workove	r   	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Tota	Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Тор	Top Oil/Gas Pay				Tubing Depth			
Perforations					<u>.</u>					Depth Casing Shoe			
		TUBING	. CAS	ING AN	D CEI	MENTI	NG REC	ORD	)				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET					SACKS CEMENT		
										1-4007	1-20		
	-										Da.C	<b>7</b>	
<u></u>	-											<del>1</del>	
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE	<u> </u>		and to or	. aread tor	allau	nhle for thi	s denth or he f	or full 24 hour	·s.)	
OIL WELL (Test must be after to Date First New Oil Run To Tank	Date of T		e of 1000	ou ana m	Prox	ducing M	ethod (Flow	v, pun	p, gas lift, e	ic.)			
Length of Test	Tubing Pressure				Cas	ing Press	ire			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Wal	er - Bbls				Gas- MCF	Gas- MCF		
										<u> </u>			
GAS WELL Actual Prod. Test - MCF/D	Angth of	'l'est			Вы	. Conden	sale/MMC	F		Gravity of C	ondensale		
Actual Prod. Test - MCP/D	Length of Test							.,		75			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Cas	Casing Pressure (Shut-in)				Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	F COM	PLIA]	NCE			OIL CO	SNC	SERV	ATION [	OIVISIO	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 behalf.						Date ApprovedNOV 1 0 1992							
Rhonda M	Rin									NED BY			
Signature						By ORIGINAL SIGNED BY MIKE WILLIAMS							
Rhonda Nelson Printed Name			Title			Title	S	UPE	RVISOR,	DISTRICT	<del>। । । । । । । । । । । । । । । । । । । </del>	<del></del>	
11/2/92			8-33 ephone										

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
- 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.