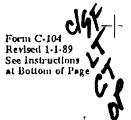
Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

AUG 0 6 1993

OIL CONSERVATION DIVISION



DISTRICT II P.O. Drawer DD, Aitesia, NM 88210	On		P.O. B	ox 2088 exico 875	DA Y 151C D4-2088	O.	. D.		V	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	DEOLIEST		-			7071001			, · · ·	
I.					AUTHORI TURAL G	AS				
Operator Marbob Energy Corpo.				Well API No. 30-015- 03058						
Address	Laciony.					130-0	15- 030	58		
P. O. Drawer 217, A.	rtesia, NM	88210		W) 00	/2)			·		
Reason(s) for Filing (Check proper box) New Well	Chan	ge in Transp	orter of:		ner <i>(Please expl</i> ge from L		Unit			
Recompletion	Oil	Dry G		From:	•	C Federa				
Change in Operator	Casinghead Gas	Conde	nsate	Effec	tive 8/1	/93				
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL										
Lease Name Well No. Pool Name Burch Keely Unit 79 Grbg				ckson SR Q Grbg SA XXXX			of Lease No. Federal or Reg			
Location		9 011	og Jack	3011 010 0	C GLDE DI	12000		·· 1		
Unit LetterJ	: 1980	Feel F	roin The	S Lin	ne and19			E	Line	
Section 23 Townshi	p 17S	Range	29	E , N	мгм,	Eddy	· 	- 	County	
III. DESIGNATION OF TRAN			D NATU	RAL GAS	······································	 				
Name of Authorized Transporter of Oil	1 1	ndensate		1	ve address to w				м)	
Navajo Refining Company Name of Authorized Transporter of Casinghead Gas X			Gas	P. O. Box 159, Artesia, Address (Give address to which approved						
GPM Gas Corporation				4001 Penbrook, Odessa,						
If well produces oil or liquids, give location of tanks.	Unit Sec.] Twp.	Rge.	ls gas actual	ly connected?	When	7			
If this production is commingled with that	from any other leas	e or pool, gi	ve commingl	ing order num	iber:					
IV. COMPLETION DATA				1 -11-11-11-11-11-11-11-11-11-11-11-11-1	1	1 -		10 0 1	barren 1	
Designate Type of Completion	- (X) Oil '	Well	Gas Well	New Meil	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded Date Compl. Ready to Prod.				Total Depth	<u></u>		P.B.T.D.	· · · · · · · · · · · · · · · · · · ·	_l	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top OlVGas Pay			Tubing Depth			
Perforations	<u> </u>			J			Depth Casin	ig Shoe		
	POT 1 PO 11	10 0 0		CEMENTE	NG RECOR		<u> </u>	·		
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
HOLL SIZE							Part ID-3			
						8-20-53				
							my de manie			
V. TEST DATA AND REQUE	FOR ALLC	WABLE								
OIL WELL (Test must be after to Date First New Oil Run To Tank	Date of Test	ume of load	oil and must	be equal to or Producing M	exceed sop all lethod (Flow, p	owable for this ump, gas list, e	depth or be j	for full 24 hour	5.)	
Date this flew on Run to tank	Date of Year									
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas-MCF			
GAS WELL	_ 							,		
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conden	neale/MMCF		Gravity of C	Gravity of Condensate		
	Tubing Pressure (Shut-in)			Casing Pressure (Sliui-in)			Choke Size			
l'esting Method (pitot, back pr.)										
VI. OPERATOR CERTIFIC	ATE OF CO	MPLIAN	NCE		OIL CON	ICEDVA	TIONI	אוטוטרור. הואוטור	NI	
I hereby certify that the rules and regulations of the Oil Conservation				.		10にロット	TION		1.4	
Division have been complied with and that the information given above is the and complete to the best of my knowledge and belief.				Date ApprovedAUG 1 1 1993						
W/ TO	1	•		Daie	, thhiose	·				
Manda The	(Con)			By_		NAL SIGN	EN DV			
Signature Rhonda Nelson	Productio		.k			WILLIAMS			_	
Printed Name AUG 0 2 1993		Tide 7 <i>48–33</i> () <i>3</i>	Title.	SUPE	RVISOR, D	ISTRICT	<u> </u>		
Date		l'elephone N								

and the second of the contraction of the contractio INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

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