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Appropriate District Office
DISTRICT P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2000

AUG 0 6 1993

See Instruction

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

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

	Т	O TRANS	POF	RT OIL	AND NAT	URAL GA	S Well A	31-KT		1			
perator	Well			·015- 03085									
Marbob Energy Corpora	tion /	,			· · · · · · · ·			15 0500		-,			
ddress P. O. Drawer 217, Art	esia,	NM 8821	0										
cason(s) for Filing (Check proper box)				_		(Please explai		Unit					
lew Well	(Change in Tran		r of:	Change from Lease to Unit From: Keely B Federal # 5								
.compreson	ecompletion —							Effective 8/1/93					
2 mai 6 m	Caringhead	Gas Cor	idensa	LE	Ellec	1146 0/1							
change of operator give name ad address of previous operator							<u></u>						
I. DESCRIPTION OF WELL A	ND LEA	SE			P		Kind o	Lease	ما	ase No.			
Eurch Keely Unit	Ì	Well No. Poo	Grb	g Jach	cson SR C	Grbg SA	1 = .	Rederal or Fex	X				
ocation D	. 6	60 Fee	et From	n The N	Line	and 660	Fe	et From The _	W	Line			
Unit Letter D : 660 Feet From The N Section 25 Township 17S Range 29E						. Eddy							
Section 25 Township													
II. DESIGNATION OF TRANS	PORTE	or Condensale	AND	INALU.	1 12 DOMEST COLLE	address to wh	ich approved	copy of this fo	orm is to be se	ns)			
Name of Authorized Transporter of Oil Navajo Refining Compar	f I	0, 000000	L		P. O.	Box 159,	Artesia	, NM 88	3210				
Name of Authorized Transporter of Casinghead Gas X or Dry Gas						Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762							
GPM Gas Corporation	Unit Sec. Twp.			Rge.									
If well produces oil or liquids, give location of tanks.	j	Ĺ	1		<u> </u>								
f this production is commingled with that for	rom any oth	er lease or poo	d, give	comming	ling order numb	xer:							
V. COMPLETION DATA		Oil Well	1 0	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Dill Res'v			
Designate Type of Completion -	· (X)	I ON WEN	1	45 11011			i	İ <u> </u>	<u> </u>				
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					
					<u> </u>				Depth Casing Shoe				
Perforations													
	P)	TUBING, C	ASIN	IG AND	CEMENTI	NG RECOR	D	- ₁					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT Port ID - 3					
HOLE OILE													
								8 20 -7 3					
								My be name					
		OWAT	i 17		<u>ا ا ا</u>		. <u></u>		<u></u>				
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ST FOR A	ALLUYYAL	lond o	il and mus	i be equal to or	exceed top all	owable for th	is depth or be	for full 24 hou	ars.)			
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Te				Producing M	ethod (Flow, p	ump, gas lift,	elc.)					
Date Plin New On Roll 10 1	Date 0. 100							Choke Size	Choke Size				
Length of Test	Tubing Pressure				Casing Pressure								
	Oil Bhis				Water - Bbls	Water - Bbls.			Gas- MCF				
Actual Prod. During Test	Oil - Bbls				<u> </u>		•						
GAS WELL					-rau	nrale/MMCII		Gravity of	Condensate				
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensale/MMCl ²								
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size					
	1	T. CO. 101	TAR	ICE					DD 4010	7NI			
VI. OPERATOR CERTIFIC	ATE O	F COMPL	TGT.	(CE		OIL COI	NSERV	ATION	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								iic 4 4 .	4000				
is try and example to the best of my knowledge and belief.					Date	Date Approved AUG 1 1 1993							
The state of the s	10	.)						551.5					
Thomas fulson					∥ By_	By ORIGINAL SIGNED BY							
Signature Rhonda Nelson Production Clerk						MIKE WILLIAMS TILLO SUPERVISOR, DISTRICT II							
Printed Name 1993			l'ide -33(<i>)3</i>	Title		FI IAIOOII	2.3.7.10					
Date		Telepl											

and the same agreement and experience of the process of the particular section where we have the constraints of 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.