Submit 5 Copies
Appropriate District Office
DISTRICT'
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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Revised 1-1 See Instruction of

DISTRICT III

AUG 0 6 1993

1000 Kin Brizos Ku, Aziec, Kin Brito	REQUEST F	OR AL	LOWAB	LE AND A		LATION LS		94 W	
Operator	TOTA	41151	OHT UIL	AND MAI	TURAL GA	Well A	*		t
орния Marbob Energy Corpor	ation		· .			30-01	15-03090		h
Address		0240					ì		
P. O. Drawer 217, Ar	tesia, NM 8	8210	<u> </u>	X Othe	r (Please expla	in)			
Reason(s) for Filing (Check proper box) New Well	Change i.	а Ггапарх	orter of:	Change	e from Le	ease to 1		<i>l</i> .	
Recompletion	oil .	Dry G			Keely (1 # 10 🐈	1	
Change in Operator	Caringhead Gas	Conde	nsale 🗌	Effec	tive 8/1,	/93			
f change of operator give name and address of previous operator									
II. DESCRIPTION OF WELL	AND LEASE								ease No.
Lease Naux Burch Keely Unit	Well No. Pool Name, Includin			g Formation son SR Q Grbg SA Kind o			ederal or IXX		
Location					- 4	60	1 119		
Unit LetterE	:1980	_ Feel F	ioin The	NLine	and	50 Foo	t From The	W	Line
Section 25 Township	p 17S	Range	29	9E , NI	мрм,	Eddy			County
							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
III. DESIGNATION OF TRAN	ISPORTER OF C	OLL AN	D NATU	Address (Giv	e address to wh	uch approved	copy of this for	m is to be se	ni)
Name of Authorized Transporter of Oil Navajo Refining Company				P. O. Box 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas				Address (Give address to which approved co 4001 Penbrook, Odessa, T			TX 7976	m is to be sei 2	nı)
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.	Rge.	ls gas actually connected? When		7			
If this production is commingled with that	from any other lease o	r pool, gi	ive conuningl	ing order num	ber:				
IV. COMPLETION DATA	Oil We	11	Gas Well	New Well	Workover	Deepen	Plug Back S	Same Res'v	Diff Res'v
Designate Type of Completion		<u>i</u>		İ	<u> </u>	<u>i</u> i	<u>ģ</u>	,	1
Date Spudded	Date Compl. Ready	to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	on.	Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casing	Shoe	
TUBING, CASING AND				CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
·								8-20-93	
				-			1	dad	u man
							1		
V. TEST DATA AND REQUE	ST FOR ALLOY recovery of total volum	VABLI	E d oil and mus	the equal to o	r exceed top all	lowable for thi	s depth or be so	or full 24 hou	urs.)
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	iz of road	204 1/12 1/12	Producing M	lethod (Flow, p	ump, gas lýl, e	elc.)		
			·····	Casing Press	nire.		Choke Size		
Length of Test	Tubing Pressure			Casing ricesuic					
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF		
	<u> </u>						*		
GAS WELL Actual Prod. Test - MCI/D Length of Test					Bbls. Condensate/MMCl			ondensale	
				Casing Pressure (Shut-in)			Choke Size		
losting Method (pitot, back pr.)	Tubing Pressure (Shut-in)								
VI. OPERATOR CERTIFIC	CATE OF COM	IPLIA.	NCE			NSERV	ATION	DIVISIO	NC
I hereby certify that the rules and regularistic have been complied with and is tube and complete to the best of my	ilations of the Oil Con- I that the information t	servation ziven abo		i i			1 1 1993		
$\langle u \rangle / \langle u \rangle$	Com.	•		Date	e wbbrove	d _noo	<u> </u>	·	
Thonda Me	<u> </u>			∥ By_		IGINAL SI	ENED BY		
Signature Rhonda Nelson	Production	<i>Cle</i>		Title	- MIK	E WILLIAN		T II	
Printed Name AUG 0 2 1993		48-3	303		SUI	FEDVIOUE	, uominio		
11-1-	T	elephone	140.	- 11			• 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.