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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 2088 Santa Fe, New Mexico 87504-2088 AUG 0 6 1993 Bottom of Pag

| DISTRICTIU   |                                |                           | •            |             | ACO 0750   |                                  |                               | 9  |                                       | 9           |  |
|--|--------------------------------|---------------------------|--------------|-------------|--|----------------------------------|-------------------------------|--|---------------------------------------|-------------|--|
| 1000 Rio Brazos Rd., Aztec, NM 87410   |                                |                           |              |             |  | AUTHORI.<br>TURAL G/             |                               | 111.51                                       |                                       |             |  |
| Marbob Energy Corporation  |                                |                           |              |             |  |                                  |                               | 15-03096                                     |                                       |             |  |
| Address  | <del></del>                    |                           | 8210         |             |  | 1. 7.                            |                               |  |                                       |             |  |
| P. O. Drawer 217, Ar   | tesia,                         | WPI OC                    | 0210         |             | X Oth  | et (Please expl                  | ain)                          |  |                                       |             |  |
| Reason(s) for Filing (Check proper box)  |                                | Channa in                 | Tennesse     | rter of     | Chang  | e from L                         | ease to                       | Unit   |                                       |             |  |
| New Well   | From Keely C Federal # 19      |                           |              |             |  |                                  |                               |  |                                       |             |  |
| Recompletion   | Oil                            |                           | •            |             |  | tive $8/1$                       |                               |  |                                       |             |  |
| Change in Operator   | Casinghe                       | ad Clas                   | Conden       | sale        |  |                                  |                               |  |                                       |             |  |
| If change of operator give name<br>and address of previous operator  |                                |                           |              |             | <u> </u>   |                                  |                               |  |                                       | <del></del> |  |
| II. DESCRIPTION OF WELL  | Well No.   Pool Name, Includin |                           |              |             | og Formation Kind of   |                                  |                               | Lease  |                                       |             |  |
| Lease Name<br>Burch Keely Unit   |                                | 184 Grbg Jacks            |              |             | son SR C   | Grbg SA                          | XMMX                          | XMMXFederal or IXX                           |                                       |             |  |
| Location Unit Letter   | . 198                          | 30                        | Feet Fre     | om The      | SLin   | e and19                          | 980 Fe                        | et From TheE                                 |                                       | Line        |  |
| Section 25 Township  | 170 200                        |                           |              |             | , NMPM, Eddy   |                                  |                               |  |                                       | County      |  |
|  | ·                              |                           |              |             |  |                                  |                               |  |                                       |             |  |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATUI Name of Authorized Transporter of Oil or Condensate 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 4001 Penbrook, Odessa, |                                  |                               | copy of this form is to be sent)<br>TX 79762 |                                       |             |  |
| If well produces oil or liquids,<br>give location of tanks.  | Unit                           | Sec.                      | Twp.         | Rge.        | ls gas actual  | ly connected?                    | When                          | 7  |                                       |             |  |
| If this production is commingled with that  IV. COMPLETION DATA  | from any of                    | lier lease or             | pool, giv    | e commingl  | ing order nur  | iber:                            |                               |  |                                       |             |  |
| IT. COMPEDIATION   |                                | Oil Wel                   | 1   0        | Gas Well    | New Well   | Workover                         | Deepen                        | Plug Back San                                | ne Res'v                              | Dill Res'v  |  |
| Designate Type of Completion  Date Spudded   |                                | npl. Ready to             | o Prod.      |             | Total Depth  | 1                                | J                             | P.B.T.D.                                     | · · · · · · · · · · · · · · · · · · · |             |  |
|  |                                |                           |              |             |  | Top Oil/Gas Pay Tubing Depth     |                               |  |                                       |             |  |
| Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  |                                |                           |              |             |  |                                  |                               |  |                                       |             |  |
| Perforations   |                                |                           |              |             |  |                                  |                               | Depth Casing St                              | 106                                   |             |  |
|  |                                | TUBING                    | , CASI       | NG AND      | CEMENT   | ING RECO                         | RD                            |  |                                       |             |  |
| LIOUE BIZE   | 7.10.10.007                    |                           |              |             |  | DEPTH SE                         | Γ                             | SACKS CEMENT                                 |                                       |             |  |
| HOLE SIZE  | HOLE SIZE CASING & TUBING SIZE |                           |              | <u> </u>    |  |                                  |                               | Part ID-3                                    |                                       |             |  |
|  |                                |                           |              |             |  |                                  |                               |  | 1-53                                  | ,           |  |
|  |                                |                           |              | <del></del> |  |                                  |                               | the bename                                   |                                       |             |  |
|  |                                | <del></del>               |              |             |  |                                  |                               | 1  |                                       |             |  |
| V. TEST DATA AND REQUE   | STFOR                          | ALLOW                     | ABLE         |             |  | •                                |                               |  |                                       | 1           |  |
| OIL WELL (Test must be after   | recovery of                    | total volum               | e of load    | oil and mus | be equal to a  | or exceed top at                 | llowable for thi              | is depth or be for f                         | WI 24 HOU                             | 75.)        |  |
| Date First New Oil Run To Tank   | Date of Test                   |                           |              |             | Producing N  | Aethod (Flow, p                  | oump, gas tyt,                | eic.)  |                                       |             |  |
| Length of Test   | Tubing Pressure                |                           |              |             | Casing Pressure  |                                  |                               | Choke Size                                   |                                       |             |  |
| Actual Prod. During Test   | Oil - Bbis.                    |                           |              |             | Water - Bbls.  |                                  |                               | Gas- MCF                                     |                                       |             |  |
| GAS WELL   |                                |                           | <del></del>  |             | <u> </u>   |                                  |                               |  |                                       |             |  |
| Actual Prod. Test - MCI/D  | Length of Test                 |                           |              |             | Bbls. Conde  | nsale/MMCF                       |                               | Gravity of Condensate                        |                                       |             |  |
| Testing Method (pitot, back pr.)   | Tubing I                       | Tubing Pressure (Shut-in) |              |             |  | Casing Pressure (Shut-in)        |                               |  | Choke Size                            |             |  |
| VI. OPERATOR CERTIFIC  | lations of the                 | ie Oil Conse              | ervation     |             |  | OIL CO                           | NSERV                         | ATION DI                                     | VISIC                                 | )N          |  |
| Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. |                                |                           |              |             | Date Approved AUG 1 i 1993                                     |                                  |                               |  |                                       |             |  |
| Khonda Nel   | Son                            | ノ<br>                     |              | <del></del> | By.  |                                  |                               |  |                                       |             |  |
| Signature Phonda Nelson Production Clerk   |                                |                           |              |             | ORIGINAL SIGNED BY   |                                  |                               |  |                                       |             |  |
| Rhonda Nelson  | 1100                           | <u> </u>                  | Title        |             | Title  |                                  | WILLIAMS                      | S<br>D <del>ISTRICT II</del>                 |                                       |             |  |
| Printed Name 2 1993  |                                |                           | <u>48-33</u> |             |  | <del></del>                      | <del>ci i y lo y l'i, l</del> | <del>DOTHUL II</del>                         |                                       |             |  |
| Date   |                                | Te                        | lephone l    | No.         | 11   |                                  |                               |  |                                       |             |  |

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

to to all a balle

- 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.