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

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

NOV = 5 1992

DISTRICT III

U. C. D.

1000 Rio Brazos Rd., Azlec, NM 87410	REQU						AUTHORI TURAL GA		TION				
I. Operator		10/16/	4140	<u> </u>	ni Oil	- AND NA	IONALO	70	Well	UNO.			
Marbob Energy Corpor	ration	<u> </u>											
Address P. O. Drawer 217, An	tesia,	NM 8	821	0									
Reason(s) for Filing (Check proper box)		Change in	n Tean	enort	er of:		er (Please expl						
New Well	Oil			Gas		Ef	fective	11	/1/92				
Change in Operator X	Caringhe	d Gas] Con	densa	ile 🗌								
If change of operator give name and address of previous operator	nillips	Petro	leu	ım (Compan	y, 4001	penbrook	٠, ١	0dessa	a, TX 7	9762	 	
II. DESCRIPTION OF WELL AND LEASE							r vi				of Lease No.		
Lease Name KEELY C FEDERAL	Well No. Pool Name, Including 28 GRBG JACK									Federal OK Fee LC-028784C			
Location													
Unit Letter A	: 25	·	_ Fee	t Fron	n The	N Lin	e and <u>129</u>	5	Fe	et From The	E	Line	
Section 25 Townshi	E , NMPM, EDD				EDDY		County						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS													
Name of Authorized Transporter of Oil NAVAJO REFINING CO. Address (Give address to which approved copy of this form is to be sent) P.O. DRAWER 159, ARTESIA, NM 88210											eni)		
Name of Authorized Transporter of Casing	Address (Give address to which approved				copy of this form is to be sent)								
GPM GAS CORPORATION					4001 PENBROOK, ODESSA								
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Tw _I 	p. 	Rge.	ls gas actuali	y connected?		When	7			
If this production is commingled with that	from any oth	ier lease or	pool,	give	commingl	ing order num	ber:						
IV. COMPLETION DATA		Oil Wel	1	Ga	s Well	New Well	Workover	7	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		_i				<u> </u>	<u> </u>	Ĺ		,	<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 Oll/Gas Pay				Tubing Dep	Tubing Depth		
Perforations						J				Depth Casin	g Shoe		
													
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE					DEPTH SET					SACKS CEMENT		
TIOLE GIZE	O/IONITO & POSITO SILE									Dested TO 3			
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										- V		· · · · · · · · · · · · · · · · · · ·	
V. TEST DATA AND REQUES OIL WELL (Test must be after t	T FOR	ALLOW	ABI	Æ	l and must	he equal to or	exceed top all	awal	ble for this	denth or be	for full 24 hou	ors.)	
OIL WELL (Test must be after to Date First New Oil Run To Tank	Date of Te		. 0) 10		una misi	Producing M	ethod (Flow, pr	ump,	gas lift, e	ic.)			
Length of Test	Tubing Pressure					Casing Pressure				Choke Size	Choke Size		
	100.00									Gas- MCF			
Actual Prod. During Test	Oil - Bbls.					Water - Bbls.				Cas- MCI			
GAS WELL										 			
Actual Prod. Test - MCF/D	Length of Test					Bbls, Condensate/MMCF				Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COM	PLL	N	CE			10		\TION!!	חועופור	 }NI	
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION							
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							
\mathcal{A}						Date Apployed							
Chonda Milson							By ORIGINAL SIGNED BY						
Signature Rhonda Nelson Production Clerk						MIKE WILLIAMS							
Printed Name Title 11/2/92 748-3303						Title	SUPE	L2 A 1.	SUK, D		<u>' 1 </u>		
Date		Tel	phon	e No.									
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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.