l • .								168
 Pukuli & Coules		w Mexico				Form C-1	NI -	
Submit 5 Copies Appropriate District Office DISTRICT 1	Energy, N	al Resources Department		Reter	ved	Revised 1. See Instru	ctions Y	
P.O. Box 1980, Hobbs, NM 88240	OIL C	'ONSERVA'	TION DJ	VISION		G 1993	at Bottom	
DISTRICT II P.O. Drawer DD, Attesia, NM 88210	P.O. Box 2088 Santa Fe, New Mexico 87504-2088					-		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 -	REQUEST F	OR ALLOWAB	LE AND AI	JTHORIZA	TION	·. D.		V
I. Operator	1	ANSPORT UIL	ANDIAN		Well Al	rn₀. 5- 03102		
Marbob Energy Corport Address	ation		·····	· · · · ·	130-01	<u></u>		
P. O. Drawer 217, Ar Reason(s) for Filing (Check proper box)	tesia, NM 8	8210	X Other	(Please explain,)			
New Well	Change in	Transporter of:	0	from Lea Keely C				
Recompletion Change in Operator	Caringhead Gas	Condensate		ive 8/1/9				
If change of operator give name and address of previous operator								<u> </u>
II. DESCRIPTION OF WELL / Lease Name Burch Keely Unit	AND LEASE Well No. 139	g Formation Kind of Son SR Q Grbg SA XMXX			Lease Lease No. ederal or 1948			
Location	: 25	_ Feet From The	N Line:	and 12	95 Fre	t From The	Е	Line
Unit LetterA	17.0	Range 29			Eddy			County
Section 25 Township								
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authonized Transporter of Oil Navajo Refining Company Or Condensale P. 0. Box 159, Artesia, NM 88210						n is to be sen 1 ()	ı)	
Navajo Refining Company Name of Authorized Transporter of Casinghead Gas The or Dry Gas GPM Gas Corporation			Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	ls gas actually	connected?	When	2		
If this production is commingled with that f	roin any other lease of	r pool, give conuningl	ing order numbe	ыл				
IV. COMPLETION DATA	Oil We	li 📔 Gas Well	New Well	Workover	Deepen	Plug Back S	aine Res'v	Diff Res'v
Designate Type of Completion -	- (X) Date Compl. Ready	to Prod.	Total Depth	<u>l</u>		P.B.T.D.		L
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing I	Formation	Top Oll/Gas Pay			Tubing Depth		
Perforations	<u> </u>	·····	L,		<u> </u>	Depth Casing	Shoe	
	TUBINC	, CASING AND)	l		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		Post ID-3			
						8-30-93		me
V. TEST DATA AND REQUES								
OIL WELL (Test must be after r	recovery of total volum	e of load oil and must	be equal to or	exceed top allow	vable for this	depth or be fo	r full 24 hour.	s.)
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pump, gas lift, el			Choke Size		
Length of Test	Tubing Pressure		Casing Pressure					
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF		
GAS WELL						Gravity of Co	ndeneste	
Actual Prod. Test - MCIVD	Length of Test	Bbls. Condensale/MMCF			Clicke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Sh	Casing Pressure (Shui-in)						
VI. OPERATOR CERTIFIC			C		SERVA	ATION E	IVISIO	N
I hereby certify that the rules and regul Division have been complied with and is tree and complete to the best of my	that the information gi	iven above	Date	Approved	A	UG 111	993	
Khonda My	By							
Signature <u>Rhonda Nelson</u> <u>Production Clerk</u> Title			MIKE WILLIAMS					
AUG 0 2 1993	TitleSUPERVISOR, DISTRICT II							
Dale		lephone No.						

-

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 performents of this form and of the performance with rest.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

محصيما ماميرة محالك مم المقام