Submit 5 Copies
Appropriate District Office
DISTRICT I
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

RECEIVED

See Instructions at Bottom of Page NOV - 5 1992

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

O. C. D.

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REOL		-		BLE AND	AUTHORI	ZATION	NA PER S	•	
I.						TURAL G	AS			
Operator Marbob Energy Corporation /						Well API No. 30-015-03107				
Address		N.M. (C	0240							
P. O. Drawer 217, Ar Reason(s) for Filing (Check proper box)	tesia,	NM 8	8210		Othe	er (Please expl	ain)			
New Well		Change in	Transpor	ter of:	_	fective				
Recompletion	Oil		Dry Gas		EI	rective	11/1/92			
Change in Operator	Casinghea	ad Gas 🗌	Condens	ale 🔲						
If change of operator give name and address of previous operator Ph	illips	Petro	<u>leum</u>	Compan	y, 4001	penbrook	, Odessa	1, TX 7	9762	
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including					ing Formation Kind of Lease Lease No.					
Lease Name KEELY C FEDERAL	DERAL Well No.							XFederal or FXXX LC-028784(C)		
Location	1.2	05		Q		. 13	.45	. 19 173	W	Line
25 170 29					Line and 1345 Fee E NMPM. EDDY					County
Section 25 Township	1/5		Range		<u> , Nr</u>	игм,				County
III. DESIGNATION OF TRANS	SPORTE			NATU	RAL GAS				/- t- t	
Name of Authorized Transporter of Oil X or Condensate NAVAJO REFINING COMPANY					Address (Give address to which approved copy of this form is to be sent) P. O. BOX 159, ARTESIA, NM 88210 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas Tansporter of Casinghead Gas Or Dry Gas GPM GAS CORPORATION					4001 F	PENBROOK,	ODESSA,	copy of this for TX 79	rm is to be se 762	nt)
If well produces oil or liquids, give location of tanks.	Unit 	Sec.	Twp.	Rge.	ls gas actuali	y connected?	When	7		
If this production is commingled with that f	rom any od	ier lease or	pool, give	commingl	ing order numb	ber:			· · · · · · · · · · · · · · · · · · ·	
		Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion		L	l		Total Depth	<u> </u>	<u> </u>	P.B.T.D.		_L
Date Spudded	pudded Date Compl. Ready to Prod.							P.B.1.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations	<u> </u>				<u> </u>			Depth Casin	g Shoe	
TUBING, CASING AND					CEMENTI	NG RECOR	D			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR	ALLOW	ABLE of load o	il and must	be equal to or	exceed top all	owable for this	depih or be f	or full 24 hou	rs.)
Date First New Oil Run To Tank Date of Test					be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure				Casing Pressure			Choke Size 11-20-92		
					Water - Bbls.			Gas- MCF		
Actual Prod. During Test	Oil - Bbls.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· .		Cha	.op. J
GAS WELL					ren de la	== AMCE		Gravity of C	ondensate	
Actual Prod. Test - MCI/D Length of Test					Bbis. Condensate/MMCl ²					
Fosting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFICATE OF COMPLIANCE					OIL CONSERVATION DIVISION					
I hereby certify that the rules and regulations of the Oil Conservation 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 NOV 1 0 1992					
THE I MINISTER	Our				Date	Approve	u		-	
Chonaa Mison					∥ Ву	ORIGI	NAL SIGN	ED BY	• •	
Signature Rhonda Nelson Production Clerk					MIKE WILLIAMS					
Printed Name 11/2/92		71	Tide 8-330.	3	Title.	SUPE	RVISOR, D	ISTRICT	<u> </u>	
Date			phone 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 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.