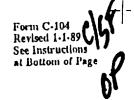
Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

RECEIVED State of New Mexico Energy, Minerals and Natural Resources Deparament

AUG 0 6 1993

Q. ( , D.



## OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT II P.O. Drawer DD, Antesia, NM 88210	`	Can		P.O. Bo		2088 co 87504-2088					
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQU	EST FO	R ALL	_OWAB!	LE AND A	UTHORIZ	ATION			)	
I	. 7	O TRAI	<b>NSPO</b>	RT OIL	AND NAT	URAL GA	S Wali Ali	rNo		<del>.U</del>	
Operator				• • • •	•	•	1	1146. 15- 0311	9	<b>V</b>	
Marbob Energy Corpor	ation						1.50-0	15 0511	, /A		
Address P. O. Drawer 217, Ar	tesia,	NM 88	210		- CV - CV -	(Please expla	·		<i>\\\\</i> , \_		
Reason(s) for Filing (Check proper box)						e from L		Unit	U		
New Well		Change in		1 1	From:	Keely	B Federa	1 # 4	•		
Recompletion	Oil		Dry Gas	· <del></del> -		tive 8/1					
Change in Operator	Casinghead	d Gas	Condens	ale	HILLO						
If change of operator give name and address of previous operator						<del></del>		<u></u>		•	
II. DESCRIPTION OF WELL	AND LEA	Well No.	Pool Nat	me. Includir	ng Formation		Kind of		·	ase No.	
Lease Name		131	Gri	og Jack	cson SR (	Q Grbg SA	SPEREX	ederal or Fex	X		
Burch Keely Unit		131		<u></u>							
Unit LetterA	- :	660	Feet Fro	яп The	Line	and660			F		
Section 26 Township	, 17S		Range	29E	, NI	AFM,	Eddy	/ 		County	
III. DESIGNATION OF TRAN	ระเรกษา	ROFO	L ANI	NATU	RAL GAS			<del></del>			
Name of Authorized Transporter of Oil Navajo Refining Compa	·	of Connen	Saic		P. 0.	e address to wh Box 159,	Artesia	, NM 88	3210		
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Giv 4001 P	e address 10 wl enbrook,	dich approved Odessa,	copy of this form is to be sent) TX 79762			
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	<del> </del>		When				
give location of tanks.	<u> </u>	les lesse or	mool niv	e comming	ling order num	ber:					
If this production is commingled with that	Itom any ou	HEL TERRE OF	hoor! Er.	0 001121							
IV. COMPLETION DATA	- (X)	Oil Well	1   (	Jas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Dill Res'v	
Designate Type of Completion  Date Spudded	Date Con	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casin	ng Shoe		
			G 4 61	NO AND	CEMENT	NG RECO	RD				
					CENTERIA	ING RECO	r		SACKS CEN	MENT	
HOLE SIZE	CASING & TUBING SIZE				_				est IP	-3	
									8-20 -	93	
								the su marre			
					-				<u>/</u>		
V. TEST DATA AND REQUI	ST FOR	ALLOW	ABLE	oil and mu	si be equal to c	or exceed lop a	llowable for th	s depth or be	for full 24 ho	urs.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of	Test			Producing N	Aethod (Flow, 1	pump, gas lift,	eic.)			
Date Pilk New On Ross 10 1								Choke Size	<u></u>		
Length of Test	Tubing I	Tubing Pressure				Casing Pressure			Gas- MCF		
Actual Prod. During Test	Oil - Bb	Oil - Bbls.				Water - Bbls.			<u>-</u>		
	l								•		
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIED In hereby certify that the rules and reg	untations of t	the Cit Coll	PIOTITION			OIL CO	NSERV	ATION	DIVISI	ON	
I hereby certify that the rules and re- Division have been complied with a is true and complete to the best of m				Ye	Da	te Approv	ed	AUG 11	1993		
Thonda I	10.	)			Ву	·	ORIGINAL	SIGNED E	3 <b>Y</b>		
Signature Rhonda Nelson	Proc	duction					VIKE WILL SUPERVIS	IAMS			
Printed Name 1993		7	Tide 248-33		Titl	e					

Telephone No. Date Color of the his type of the board of the Board

- 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. C 10d must be filed for each pool in multiply completed wells.