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

State of New Mexico Energy, Minerals and Natural Resources Department

See Instructions at Bottom of Page

OTL CONSERVATION DIVISION

O. Box 1980, Hobbs, NM 88240	OIL CON	SERVA'	TION D	IVISION	4 AUI	G 0 6 19 9	93		
DISTRICT II O. Drawer DD, Aitesia, NM 88210		k 2088	1/100				1		
DISTRICT III OOU Rio Brazos Rd., Aziec, NM 87410	Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
	TO IMANSE	OHI OIL	AND NAT	UNAL GA		Pl No.		1	
Demior Marbob Energy Corpor	ation	· · · · · · · · · · · · · · · · · · ·	· · · · ·		30-0	15- 0312	20	\	
Address P. O. Drawer 217, Ar	tesia. NM 88210						· · · · ·	$\backslash I$	
Reason(s) for Filing (Check proper box)	testa, in our	<u></u>		r (Please explai					
New Well	Change in Trans			e from L				7	
Recompletion	Oil Dry			Keely tive 8/1		11 1/			
Change in Operator	Caringhead Gas Cond	densale	Errec	tive o/i	133				
f change of operator give name address of previous operator								:	
I. DESCRIPTION OF WELL	AND LEASE				1,61	<u> </u>		ase No.	
Lease Name	Well No. Pool	Name, Includin Grbg Jack	g Formation Son SR (Grbg SA		Lease Rederal or Fex		ASC 110.	
Burch Keely Unit	165	orbe duci							
Location	. 1980 Feet	From The	N Line	and 1980) Fee	t From The _	E	Line	
Unit LetterG			•		Edd	y		County	
Section 26 Townshi	p 17S Ranj	ge 29	E , NN	1PM,		<u> </u>		County	
III. DESIGNATION OF TRAN	SPORTER OF OIL A	ND NATUI	RAL GAS						
Name of Authorized Transporter of Oil	or Condensate		VOTER OIM	address to wh	ich approved	copy of this fo	rm is to be se 1910	nt)	
Navajo Refining Company WIW				P. O. Box 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas COPPORATION			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	7			
If this production is commingled with that	from any other lease or pool,	give commingli	ng order numb	er:					
IV. COMPLETION DATA					<u>,</u>		1=	buen to	
	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X) Pandu to Pm		Total Depth	<u></u>	J	P.B.T.D.	J.,	l	
Date Spudded	Date Compl. Ready to Prod.		-						
Elevations (DF, RKB, RT, GR, etc.)	T, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations			L			Depth Casin	g Shoe		
		ONIG AND	CEMENT	NG DECOR	D	<u> </u>			
		CEMENTING RECORD DEPTH SET				SACKS CEMENT			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE		DEI MOLI			Pa	Part ID-3		
							8-10-53		
						the he name			
	TOWN TOWN	F	<u></u>			<u>ا</u> ــــــــــــــــــــــــــــــــــــ	<u></u>		
V. TEST DATA AND REQUE	recovery of total volume of lo	ad oil and must	be equal to or	exceed top all	owable for thi	s depth or be	for full 24 how	urs.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test		Producing M	ethod (Flow, p	ump, gas lift,	elc.)			
Daw I and I to the state of the						Choke Size			
Length of Test	Tubing Pressure		Casing Pressure			Choks 5125			
	und Prod During Test Oil - Bbls.		Water - Bbls.			Gas- MCF	Gas- MCF		
Actual Prod. During Test	Off • Bois.				<u> </u>	<u> </u>			
CARTIES I						•	· ·		
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate				
·	78552 125		Casing Pressure (Shut-in)			Choke Size	Choke Size		
Tosting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing 11000			<u></u>		,	
VI OPERATOR CERTIFIC	CATE OF COMPLI	ANCE			Joer/	ΔΤΙΌΝ	DIVISIO	NC	
VI. OPERATOR CERTIFICATE OF COMPLIANCE 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 the and complete to the best of my knowledge and solief.				n Approve	ad A	UG 11	1993		
is the and complete to the best of my			Date	e Approve	,u				
Khonda M	Son		D.,	· OBIO	NAI CICA	FD BY			
Signature				By ORIGINAL SIGNED BY MIKE WILLIAMS					
Rhonda Nelson	Production Cl		Title	OLIDE	RVISOR,	DISTRICT	11		
Printed Name AUG 0 2 1993	748-	3303		·					
l late	Telepho	me No.	11						

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
- 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.