		E	Energy, Mi			w Mexico al Resource	s Departmen	nt	RÉCEIVE	Form C-10 Revised 1- See Instru	1-89	
<u>ŠTRICI </u> D. Box_1980, Hobbs, NM 88240 STRICI II		OIL CONSERVA' P.O. Box				TION DIVISION			UG 0 6 1993			
20. Drawer DD, Attesia, N	IM 88210	Santa Fe, New Mex				dco 87504-2088			01/1993			
<u>) STRICT III</u> 000 Rio Brazos Rd., Aztec	2, NM 87410	REQU	EST FO	RALL	OWABI					¢	v	
•			<u>ro tran</u>	ISPO		AND NAT	URAL GA	Well AI	¹ No.		}	
Demon Marbob Energ	yy Corpora	ation			· · ·			-30-0	15-03124	_/ /	/	
\ddress	······						1			NY 6		
P. O. Drawei		:esia,	<u>NM 88</u>	210		X Other	r (Please expla			Vit		
Reason(s) for Filing (Check	k proper box)		Change in I	fransporte	er of:	Chang	e from L	ease to		ア		
New Well L Recompletion	รี	Oil		Dry Gas			Keely		1 # 13			
Change in Operator	j	Casinghead	d Gas 📋	Condensa	ite 🗌	Effec	tive 8/1	/93				
f change of operator give r ad address of previous ope												
I. DESCRIPTION		ND LE/	ASE									
Lease Naute			Well No.	Pool Nan	ne, Includin	g Formation	Crba S/	Kind of State X	Lease ederal or Fe <u>x</u> X		ise No.	
Burch Keely U	Jnit		164	Grb	g Jack	SOIL SK C	Q Grbg SA	<u> </u>	<u> </u>	<u></u>		
Location	Н		1345	Feet From	m The	NLine	and129	<u>/5</u> Fœ	t From The	E	Line	
Unit Letter				104110				Eddy	y		County	
Section 20	6 Township	175		Range	29	<u>e , nn</u>	1PM,		<u></u>			
UI. DESIGNATION	N OF TRANS	SPORTE	R OF OI	L AND	NATU	AL GAS						
Name of Authorized Trans	sporter of Oil	r	or Condens	iale		100000000000000000000000000000000000000	eddress to wh	ich approved (Artesia	copy of this form, NM 882	n is to be sen 210	()	
Marajo Dofin			IWSI	Dry C					copy of this for			
Name of Authonized Trans		head Gas		or Dry G	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4001 P	enbrook,	Odessa,	TX 797	52		
If well produces oil or liquidity location of tanks.		Unit	Sec.	Twp.	Rge.	Is gas actually	s gas actually connected? When ?				. <u></u>	
if this production is comm	ingled with that fi	rom any où	her lease or p	xool, give	: comuningli	ing order numb	жг: 					
IV. COMPLETION	N DATA	<u></u>	Oil Well		as Well		Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of	Completion -	- (X)	ipl. Ready to	Prod		Total Depth	l	لــــــ	P.B.T.D.	·· ··		
Date Spudded			-									
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oll/Gas Pay			Tubing Depth			
Perforations		<u></u>			<u></u>	L			Depth Casing	Shoe		
				CASIN		CEMENT	NG RECOF	2D	<u> </u>			
		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET		SACKS CEMENT				
HOLE SI	<u>4</u>		101110 0 14						Pr	Post ID-3		
			and the second se								5	
	·							······································	8	-10-5	1	
									- 8 chy	-10-9	·····	
V TEST DATA A	ND REOUES	ST FOR	ALLOW	ABLE					- 8 .ch			
V. TEST DATA A OIL WELL (Te	est must be after re	recovery of	total volume	ABLE of load o	vil and must	be equal to o	- exceed top all	owable for thi	s depth or be fo			
	est must be after re	ST' FOR recovery of 1 Date of T	total volume	ABLE of load o	vil and must	be equal to or Producing M	r exceed lop all lethod (Flow, p	owable for thi wnp, gas lift, e				
OIL WELL (Te Date First New Oil Run	est must be after re	Date of T	total volume Test	ABLE of load o	vil and must	be equal to ou Producing M Casing Press		owable for thi wnp, gas lift, e	s depth or be for etc.) Choke Size			
OIL WELL (Te	est must be after re	recovery of	total volume Test	ABLE of load c	nil and must	Casing Press	are	lowable for thi wnp, gas lýf, e	Choke Size	or full 24 hour		
OIL WELL (Te Date First New Oil Run	est must be after ro To Tank	Date of T	total volume Test Tessure	ABLE of load c	nil and muss	Producing M	are	lowable for thi wnp, gas lift, e		or full 24 hour		
OIL WELL (Te Date First New Oil Run Length of Test Actual Prod. During Test	est must be after ro To Tank	Date of T Tubing Pr	total volume Test Tessure	ABLE of load c	vil and must	Casing Press	are	lowable for thi wnp, gas lift, i	Choke Size	r full 24 how		
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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

what requering a section of this form must be filled out for allowable on new and recompleted wells.
All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.