	,				- 1				14	
	- 14		State of Nev					Form C-1		
Subnit 5 Copies Appropriate District Office DISTRICT I	Ene	rgy, Miner	als and Natur	al Resources Department			ECEIVED	Revised 1 See Instri at Bolton		
P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION				N DIVISION				D.	
DISTRICT II P.O. Drawer DD, Aitesia, NM 88210	P.O. Box 2088 Santa Fe, New Mexico 8750				4-2088	Δ1)	G 0 6 19	193	·	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUE	ST FOR A			UTHORIZ		C. (. D.	A. S.		
I. Operator		THANS	URI UIL		UNAL UA	Well Al				
Marbob Energy Corport	ation				· · · · · · · · · · · · · · · · · · ·	30-0	15- 0312	29		
Address P. O. Drawer 217, Ar	tesia, Ni	M 88210)							
Reason(s) for Filing (Check proper box)			morter of	Chang	r (Please explained of the second s	n) ease to	Unit			
New Well Recompletion	Oil	ange in Trans	·	From:	Keely	B Federa	al # 22			
Change in Operator	Casinghead G		lensale	Effec	tive 8/1	/93				
If change of operator give name and address of previous operator					,					
II. DESCRIPTION OF WELL /	AND LEAS	E ell No. Pool	Name, Includir	g Formation			(Lease	_	ase No.	
Burch Keely Unit	202 Grbg Jacks			son SR Q Grbg SA			ederal or FeXX			
Location	1	295 Feel	From The	S Line	and2	:5Fee	t From The _	E	Line	
Unit Letter1	• •		0.0 7	•		Edd			County	
Section 26 Township	<u>175</u>	Ran	ge 29E	, NN	<u>арм,</u>			·······	County	
III. DESIGNATION OF TRAN	SPORTER	OF OIL A	ND NATU	Address (Chin	e address 10 wh	ich approved	copy of this fo	rm is to be se	ní)	
Name of Authonized Transporter of Oil Navajo Refining Compa		Condensate		P. 0.	Box 159,	Artesia	, NM 88	3210		
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form 4001 Penbrook, Odessa, TX 7976				rm is 10 be se 762	nt)				
GPM Gas Corporation					Is gas actually connected? When ?					
give location of tanks.			İ							
If this production is commingled with that IV. COMPLETION DATA	from any other	lease or pool,	give comuningl	ing order num	ber:	<u></u>				
		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Dill Res'v	
Designate Type of Completion	- (X) Date Compl.	Ready to Pro	d.	Total Depth	l	l	P.B.T.D.	I	I	
				Ton Oil/Gas	Top Oll/Gas Pay			Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)							Depth Casing Shoe			
Perforations	<u></u>						Depth Casin	ig Shoe		
	π	BING, CA	SING AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
							8-20-93			
	-							My he mame		
V. TEST DATA AND REQUE	ST FOR A	LOWAB	LE				·	Car Gull 24 hou	are)	
V. TEST DATA AND REQUE OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	d volume of lo	xad oil and mus	Producing M	r exceed lop all lethod (Flow, p	ump, gas lift, a	eic.)	101 141 24 1101		
Date First New Oil Kun 10 Tank				C. i.e. Press				Choke Size		
Length of Test	Tubing Pressure			Casing Pressure			· · ·			
Actual Prod. During Test	Oil - Bbis.			Water - Bbls.			Gas-MCF			
						<u></u>	_ <u>_</u>	• ·		
GAS WELL Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
				Casing Pressure (Shui-in)			Clioke Size			
Festing Method (pilot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)					<u> </u>			
VI. OPERATOR CERTIFIC	CATE OF	COMPLI	ANCE			NSERV	ATION	DIVISIO	NC	
I hereby certify that the rules and regulation have been complied with any	lations of the (I that the inform)il Conservati nation given a	on							
is true and complete to the best of my	knowledge and	l belicí.		Dat	e Approve	ed AUG	1 1 199	3		
WI M	1 ₀)								
Summe Rhounda Nelson Production Clerk				ll _B à-	By					
<u>Rhonda Nelson</u> Printed Name				Title SUPERVISOR, DISTRICT II						
AUG 0 2 1993		748- Telepha			201					
Lander 19 12. mar 19 14. Mar 19 14. Mar 19 17 17 17 17 19 19 19 19 19 19 19.	entre aux statues statues									

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 1, 11, 111, 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.