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Appropriate Listrict Office
DISTRICT J
P.O. Box 1983, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

NOV - 5 1992

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

Santa Fe, New Mexico 87504-2088

O. C. D.

1000 Rio Brazos Rd., Aztec, NM 8/410							AUTHORIZ TURAL GA		4 Marie				
I. Operator		/	1110	- 01	11 012	7110 1171	1011/12 0/	Well A	PINo.				
Marbob Energy Corpor	ation				·								
Address P. O. Drawer 217, Ar	tesia,	NM 8	8210	0									
Reason(s) for Filing (Check proper box)			·r		(·	_	er (Please expla						
New Well Recompletion	Oil	Change in	Dry			Ef	fective	11/1/92					
Change in Operator	Casinghea		Conc		Le 🗌		<u></u>						
If change of operator give name and address of previous operator Ph	illips	Petro	leu	m C	ompan	y, 4001	penbrook	, Odessa	1, TX 7	9762			
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including							ng Formation Kind o			(Lease No.			
Lease Name KEELY C FEDERAL						SON SR Q GRBG SA SHEKE			Federal or FEXX LC-028784(C)				
Location	. 129	95				S ::-	. 2	615 _{Ea}	at Emm The	W	Line		
OCH Letter FDDY FDDY											County		
Section 26 Township	1	7.5	Ran	ge		ZJL , Nr	Mrm,						
III. DESIGNATION OF TRAN				ND	NATU	RAL GAS	e address to w	hich approved	conv of this f	orm is to be se	ent)		
Name of Authorized Transporter of Oil X or Condensate NAVAJC REFINING COMPANY							Address (Give address to which approved copy of this form is to be sent) P. O. BOX 159, ARTESIA, NM 88210						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas GPM GAS CORPORATION							e address to wh ENBROOK,		copy of this form is to be sent) TX 79762				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp).	Rge.								
If this production is commingled with that f	ioin any od	ler lease or	pool,	give	commingl	ing order num	ber:						
IV. COMPLETION DATA			 ,			- ₁	,	- 	n. n. h	Seema Basin	Dill Res'v		
Designate Type of Completion - (X) Oil Well Gas Well					New Well	Workover 	Deepen	Plug Back	Same Res'v	Dill Kes v			
Date Spudded	Date Compl. Ready to Prod.					Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas	Pay .		Tubing Depth				
									Depth Casing Shoe				
Perforations									<u> </u>				
	TUBING, CASING AND								1	SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE				ZE	DEPTH SET			00sted 10-3				
									T 11-25-92				
									CY	79 CY)		
V. TEST DATA AND REQUES	T FOR	ALLOW	ABL	E		J		amable Con thi	a denth or he	for full 24 hou	er l		
OIL WELL (Test must be after recovery of total volume of load oil and must 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.)						
Date Final Non-On Man To Table									Choke Size				
Length of Test	Tubing Pressure					Casing Press	ure						
Actual Prod. During Test	Oil - Bbls.					Water - Bbls.			Gas- MCF				
GAS WELL	L					J							
Actual Prod. Test - MCF/D Length of Test						Bbls. Conder	seale/MMCF		Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Shui-in)			Clioke Size				
VI. OPERATOR CERTIFIC	ATE OF	F COM	PLL	4N(CE CE			JSERV	ATION	DIVISIO)N		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						OIL CONSERVATION DIVISION							
is true and complete to the best of my knowledge and belief.						Date Approved NOV 1 0 1992							
Thomas day () ()													
Signature Rhonda Nelson Production Clerk						By ORIGINAL SIGNED BY MIKE WILLIAMS							
Printed Name Title						Title SUPERVISOR, DISTRICT IT							
11/2/92 Date			lephon										

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.