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Appropriate District Office DISTRICT L P.O. Box 1980, 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 110V 7 5 1992

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

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088	O. C. D.
QUEST FOR ALLOWABLE AND AUTHORIZA TO TRANSPORT OIL AND NATURAL GAS	
10 III/Mol of it of	T Wall All No

ASSESSED FOR THE	5	anta re,	, IARM IAIC	MCO 0120	. 2000	* ****	MA BACEL E			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST F	OR AL	LOWAB	LE AND A	AUTHORIZ FURAL GA	15				
I	10 IR	MNOP	JUL OIL	AND NA	1 31 17 LL 07	Well A	il No.			
Operator Marbob Energy Corpora	ation /			,,						
Address P. O. Drawer 217, Ar	tesia, NM	88210		<u> </u>	(Bl !-					
Reason(s) for Filing (Check proper box)					er (Please expla					
New Well	Ī	in Transpo		Ef	fective	11/1/92				
Recompletion	·-	」 Dry Ga □ Conder	ı							
Change in Operator	Casinghead Gas				11	040999	TY 70	9762		
and accides of biggins of	illips Petr	oleum	Company	y , 4001	Pendrook	, odessa	, IA 7.	7702		
II. DESCRIPTION OF WELL A	Well Mo. Pool Patine, mercun			ng Formation Kind of State XXX			Lease ederal or Fee	Lease Lease No. ederal or FeeXX LC-028793A		
BURCH AA FEDERAL	10									
Unit Letter A	: 990	Feet Fr		•	e and3	30 Fee		<u> </u>	Line County	
Section 19 Township		Range			мрм,		EDDY		County	
III. DESIGNATION OF TRANS	SPORTER OF	OIL AN	ID NATUI	ALL GAS	a address to	hich approved	copy of this fo	rm is to be se	nt)	
Name of Authorized Transporter of Oil	or Conc	iensale		Address (Give address to which approved copy of this form is to be sent) P.O. DRAWER 159, ARTESIA, NM 88210						
NAVAJO REFINING CO.		D-	Cas	Address (Giv	ve address to w	hich approved	copy of this fo	rm is to be se	nt)	
Name of Authorized Transporter of Casing	head Gas	or Dry		4001	PENBROOK	, ODESSA	, TX 79	762		
GPM GAS CORPORATION If well produces oil or liquids,	Unit Sec.	Twp.	Rge.		ly connected?	When				
give location of tanks. If this production is commingled with that if	(min any other lease	or pool. ni	ve commingl	ing order num	iber:					
If this production is commingled with that I IV. COMPLETION DATA	HOME MAY OTHER TEMSE	~ 1~~ B		D						
IY. COMPLETION DATA	Oil W	fell	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Dill Res'v	
Designate Type of Completion	- (X)	i]	<u></u>		l n n m n			
Date Spudded	Date Compl. Read	y to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casin	g Shoe		
	ery 110 (A)	G CAS	ING AND	CEMENT	ING RECO	RD				
	CASING 8	TURING	SIZE		DEPTH SE	Т		SACKS CEN	IENT	
HOLE SIZE	CASING 6	. 1001110					10000	2(LL)	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ 	
	-						1-90 Jy			
	-						1CK	og. Cf	<i>)</i>	
The second of th	ST FOR ALL O	WARL	E	<u> </u>						
V. TEST DATA AND REQUE	ST FOR ALLO recovery of total volu	une of load	– d oil and mus	s be equal to c	or exceed top a	llowable for th	s depth or be	for full 24 ho	urs.)	
OIL WELL (Test must be after to Date First New Oil Run To Tank	Date of Test	<u> </u>		Producing N	Method (Flow,)	pump, gas lift,				
Length of Test	Tubing Pressure			Casing Pres	sure		Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
				<u></u>						
GAS WELL Actual Prod. Test - MCIVD	Length of Test			Bbls. Cond	ensale/MMCF		Gravity of	CONDENSALE		
Actual Plod. Test - MC1/D					(El.,,; !		Choke Size			
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)						
VI. OPERATOR CERTIFIC	CATE OF COL	MPLIA	NCE	.	OIL CO	NSERV	ATION	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above			NOV 1 0 1992							
Division have been complied with and is true and complete to the best of my	i inai ine liliotimacoi	, K1.01		Dat	e Approv	ed	NOV 1	U 1992		
Thomas Me	Bon		 	∥ By.	OF	HGINAL SI	GNED BY			
Signature	Signature				M	KF WILLIA	MS			
- Rhonda Nelson		Title		Title		PERVISOR	R, DISTRIC	CT IF		
Printed Name 11/2/92		748-3								
Date		Telephone	: No.							
	the manufacture of the second									

- 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. with Rule 111.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.