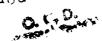
Submit 5 Copies
Appropriate District Office
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

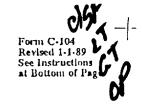
DISTRICT II P.O. Drawer DD, Antesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088





DISTRICT III		Sin	na r	e, New M	exico 8/30	J4-2000				•	
1000 Rio Brazos Rd., Aziec, NM 87410	REOL	EST EC		LLOWAR	RIFAND.	AUTHORIZ	MOLTAN				
т		– .				TURAL GA					
I. Operator		10 1111	INOI	OITI OIL	AND NA	TOTIAL CA		Vi No.			
Marbob Energy Corporation					30-0			15-04204			
Address					•		130 0	13 0420	<u> </u>		
P. O. Drawer 217, A1	tesia,	NM 88	3210								
Reason(s) for Filing (Check proper box)					X Oth	er (Please expla	iir)				
New Well	orter of:	_	From: Burch AA Federal # 12								
Recompletion Oil Dry Gas						Effective 8/1/93					
Change in Operator Casinghead Gas Condensate						nange from		to Unit			
If change of operator give name											
and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	SE"									
Lease Name Well No. Pool Name, Including					ng Fontation					ease No.	
Burch Keely Unit		95	Grb	g Jacks	on SR Q	Grbg SA	XAR.	Federal oXXX	<u> </u>		
Location						•					
Unit LetterJ	_ :2	310	Feet F	rom The	SLin	e and23	<u> 10</u> Fe	et From The	<u> </u>	Line	
					·			1 1 1			
Section 19 Townshi	p 17	S	Range	30E	, N	мрм,	<u> </u>	lddy		County	
<mark>ш. designation of tran</mark>				<u>UTAN DI</u>	RAL GAS			Cibio C	amu ia ta ba aa		
Name of Authorized Transporter of Oil X or Condensate					Address (Give address to which approved copy of this form is to be sent)						
Navajo Refining Company						P. O. Box 159, Artesia, NM 88210 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas										nı)	
GPM Gas Corporation	Unit Sec. Twp. F			Pas	4001 Penbrook, Odessa, Is gas actually connected? When						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	i wp.	I VRc.	15 gas actuali	y commencer:	When	•			
If this production is commingled with that	(min any oth	er lease or :	nool a	ive comming	ling order num	ber					
IV. COMPLETION DATA	nom any our	01 10200 01 1	poor, 6	, . o oo							
IV. COMPERATOR DIAM		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	1	i		i	i	i	i	i .	i	
Date Spudded	Date Comp	ol. Ready to	Prod.		Total Depth		 	P.B.T.D.	<u> </u>		
						1					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oll/Gas Pay			Tubing Dep	Tubing Depth		
Perforations								Depth Casin	g Shoe		
				•							
	ľ	UBING,	CAS	ING AND	CEMENTI	NG RECOR	D		 		
HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
									Port ID-3		
								Α.	21,-93	<u>/</u>	
	·							- ch	g frem	eml	
	<u> </u>								7 /		
V. TEST DATA AND REQUE	ST FOR A	LLUW	ANL!	<u>.</u>				a danth on ha	for full 24 hour	1	
OIL WELL (Test must be after t	_,		of load	ou and musi	De equal to of	lethod (Flow, pr	mn eas lift	ec)	or juit 24 flow	(3.)	
Date First New Oil Run To Tank	Date of Te	SI.			1 Todateing 17	iculou (i ion, p	- 1, p, p, c,	,			
The December of the Control of the C					Casing Press	ure.		Choke Size	Choke Size		
Length of Test	Tubing Pressure							·			
	O'l Pile				Water - Bbls			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.					•					
					1			_!			
GAS WELL		.,			TRUTATIO			Gravity of C	ondenesia		
Actual Prod. Test - MCI/D Length of Test					Bols. Conder	Bbls. Condensate/MMCF			Ollochiade		
·	7001122162		181		Casing Pressure (Shul-in)			Choke Size	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Committee of the commit						
				N.C.I.				J.,			
VI. OPERATOR CERTIFIC	ATE OF	COMP	.Aللـا	NCE		DIL CON	ISERV	ATION I	DIVISIO	N	
I hereby certify that the rules and regul Division have been complied with and	ations of the	Oil Conser	vation en abor	ve							
is true and complete to the best of my	knowledge at	id belief.	=		Data	Approve	Ч	AUG 1	1 1993		
	1.)			Date	- whhinks	u				
Khonda M	10.	. /									
Signature					By_	ORIO	INAL SIG	NED BY			
Rhonda Nelson Production Clerk					MIKE WILLIAMS						
Printed Name Title					Title SUPERVISOR, DISTRICT II						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

AUG 0 2

1993

- 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.

748-3303 Telephone No.

- 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.