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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

RECEIVED

See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

NOV - 5 1992

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	RFO'	UFST F	OR AL	LOWAE	BLE AND	AUTHORI	ZATION	U. C. (	). m 5		
I.	712.0					TURAL G	AS				
Operator						Well API No.					
Marbob Energy Corpo.	rbob Energy Corporation 🗸					30-015-04211					
Address											
P. O. Drawer 217, A.	rtesia,	NM 8	8210		<u> </u>		<del></del>				
Reason(s) for Filing (Check proper box)				_	U Oth	er (Please expl	ain)				
New Well		Change i	n Transpor	r 1	Ef	fective	11/1/92				
Recompletion $\bigsqcup$	Oil	<u></u>	Dry Gas	,							
Change in Operator	Casinghe	ad Gas	Condens	ale							
If change of operator give name and address of previous operator Pl	<u>nillips</u>	Petro	leum_	Compan	y, 4001	penbrook	c, Odessa	a, TX 7	9762		
II. DESCRIPTION OF WELL	AND LE	ASE	_,						<del></del>		
Lease Name		Well No.			ing Formation ON SR Q	CRRC SA		of Lease Federal or R€	_	ease No. 18793 (B)	
BURCH BB FEDERAL		6	GKDG	JACKS	ON SK Q	GRDG DA	747227		1 1 3 3 -		
Location	66	O ·			q	660			W		
Unit Letter M	_ :66	<u> </u>	_ Feet Fro	m The	Line	e and660	Fo	et From The _		Line	
10	" 17S			30E	` \$10	1m1	EDD	Y		County	
Section 19 Townshi	p 1/3		Range		, NI	MPM,				County	
warattemost on mp LB	ichoniur	en oe o	TT A NIT	NIATTI	DAI CAS						
III. DESIGNATION OF TRAN	SPORTE	or Conde		, 11/X I U.	Address (Giv.	e address to wi	hich approved	copy of this fo	orm is to be se	!nt)	
Name of Authorized Transporter of Oil		or Conde			, sources (OIV	wa 10 17/	wpproreu	, , , 0	J <b></b>	•	
WIW	sheed Con	<del></del>	or Dev C	34 [	Address (Gin	e address to wi	hich approved	copy of this fo	rm is to be se	ent)	
Name of Authorized Transporter of Casin	gnead Gas	L	or Dry C	, ————————————————————————————————————	Vomes IOIM	, aukar Ego IU WI	mu upproreu	ال معرب الم		,	
WIW	1.1-2-	l c	170-	D	is gas actually	v connected?	When	7			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	] Twp.	i Kge.	12 Ras according	, wanted:	111164	•			
	<u> </u>	<u></u>	<del>ــــــــــــــــــــــــــــــــــــ</del>	L							
If this production is commingled with that	from any of	her lease or	pool, give	commingi	nug otner num	жг.					
IV. COMPLETION DATA							<del></del> _	ni n. l.	Carra Daniu	Diff Bash	
D. J. and True of Completion	<b>~</b>	Oil Wel	ıİG	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		l	!		Total Depth	L		777	L		
Date Spudded	Date Com	ipl. Ready t	o Prod.		Total Depth			P.B.T.D.			
					Top Oil/Gas Pay			Tubing Death			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					100 011 010 113			Tubing Dept	n		
					l			Depth Casing	a Shoe		
Perforations								Deput Casing	g onoc		
						ia secon	-	<u> </u>			
					CEMENTI	NG RECOR			MOVE OF U	FAIT	
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
									70/	<del>~~~</del>	
								1 //	QU 90	<u> </u>	
								<u> </u>	19.CD		
					<u> L</u>			(	<u> </u>		
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE			•					
OIL WELL (Test must be after t	ecovery of 1	otal volume	of load o	il and must	be equal to or	exceed top all	owable for this	depth or be f	or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of To				Producing Me	ethod (Flow, pr	ump, gas lýl, e	ic.)			
								125 1 2			
Length of Test	Tubing Pr	essure			Casing Pressu	ıre		Choke Size		•	
Actual Prod. During Test	Prod. During Test Oil - Bbls.				Water - Bbis.			Gas- MCF			
							·				
			<del></del>								
GAS WELL	<del></del>	215.56			Bbls. Conden	MACE .		Gravity of C	ondensale		
Actual Prod. Test - MCI/D Length of Test					Jose Control						
WELL 15 - 281111 121					Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)										
	<u> </u>		· <del>-</del>		<b> </b>			L	<del></del>		
VI. OPERATOR CERTIFIC	ATE OF	COM	PLIAN	CE	ے ا	DIL CON	ISERVA	TIONIT	NVISIC	M	
I hamby certify that the rules and regul	ations of the	Oil Conser	rvation			JIL CON	CLITY	VI IOIV L	J1 <b>V</b> 1010	,,,,	
Division have been complied with and	that the info	emation giv	en above		•			<b>.</b>			
is true and complete to the best of my l	mowledge a	nd belief.			Date	Approve	dN	OV 10	1992		
(4) / 1 1 L	<i>[</i> ]	)			- ~						
Thomas Mil	1/ Q+~~	$\mathcal{L}$			n			בה פע			
Signature		<del></del>		<del>,</del>	∥ By_	ORIGI	VAL SIGN	:UDI		·	
Rhonda Nelson	<u>Prod</u> u	ction	Clerk		11	MIKE	WILLIAMS	CTRACT I			
Printed Name			Title		Title.	SUPER	RVISOR, D	DIMICI I	! 		
11/2/92			8-330.								
Date		Tele	phone No		H						

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.