Submit 5 Copies
Appropriate District Office
DISTRICTA

P.O. Box 1980, Hobbs, NM 88240 DISTRICT

P.O. Drawer DD, Astesia, NM 88210

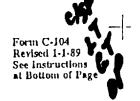
State of New Mexico

**MECEIVED** Energy, Minerals and Natural Resources Department

AUG 0 6 1993 OIL CONSERVATION DIVISION

P.O. Box 2088





Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30-015-04386 Marbob Energy Corporation Address P. O. Drawer 217, Artesia, NM 88210 Other (Please explain)  $\mathbf{X}$ Reason(s) for Filing (Check proper box) Change from Lease to Unit Change in Transporter of: New Well Dry Gas From: Burch BB Federal #18 Recompletion Effective 8/1/93 Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease XXXXe, Federal ox RecX Well No. Pool Name, Including Formation Lease No. Lease Name Grbg Jackson SR Q Grbg SA Burch Keely Unit Location \_\_ Line and \_\_\_\_\_25 1345\_ \_\_ Feet From The \_\_\_ W\_ Unit Letter \_\_\_\_E \_\_ Feet From The \_\_\_N Eddy 30E , NMFM, Township 17S 30 Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate 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 4001 Penbrook, Odessa, TX 79762 GPM Gas Corporation Ί₩p. Rge. Is gas actually connected? When 7 If well produces oil or liquids, Unit give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well Workover Plug Back Same Res'v Diff Res'v Oil Well Deepen Designate Type of Completion - (X) Total Depth Date Compl. Ready to Prod. P.B.T.D. Date Spudded Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE ID-3 1 be name TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas- MCF Water - Bbls. Oil - Bbls. Actual Prod. During Test **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Casing Pressure (Shut-in) Tubing Pressure (Shut-in) lesting Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above Date Approved AUG 11 1993 is true and complete to the best of my knowledge and belief. By\_ ORIGINAL SIGNED BY **Production** Rhonda Nelson MIKE WILLIAMS

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

Printed Name 1993

ing as althoughtern passage to a stance of the expeditional property and the stance of

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

SUPERVISOR, DISTRICT II

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Clerk Title

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.