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Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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Revised 1-1-89 See Instruction at Bottom of P AUG 0 6 1993

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

C. L. D.

DISTRICT III

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

						LE AND A			HON				
Operator	TO TRANSPORT OIL A						11.0 10 10 10			Well API No.			
Marbob Energy Corporation										.5 <b>-</b> 04392			
Address P. O. Drawer 217, Ar	tesia,	NM 8	821	0			e, et					•	
Reason(s) for Filing (Check proper box)							r (Please expl						
New Well	Change in Transporter of:  Dry Gas						Change from Lease to Unit From: Burch BB Federal # 15						
Recompletion	Oil Caringhea	ــا 		Gas densa		From:	Burch tive 8/1			11 1/ 13			
Change in Operator   f change of operator give name	Catalognea	u Oas	Con	000		HITCC	LIVE O/I	1 / -	<u></u>				
nd address of previous operator													
I. DESCRIPTION OF WELL	AND LE	ASE	_,						<del>-1 ::: : -</del>		<del></del>	11-	
Lease Name	Well No. Pool Name, Including					T CONTR. G				if Lease Federal ox Re	1	ease No.	
						on SR Q Grbg SA							
Location		330	17	. E	T N	Line	and 126	50	Fee	et From The	W	Line	
Unit Letter C	- :	<u> </u>	1.cc	LIOU	n me A		للمكليب بالله					<del></del>	
Section 30 Township	178	3	Ran	ge	30E	, NI	MPM,			Eddy		County	
III. DESIGNATION OF TRAN	SPORTE	ER OF C	IL A	AND	NATU	RAL GAS						· · · · · · · · · · · · · · · · · · ·	
Name of Authorized Transporter of Oil	[ <del>X</del> ]	or Conde	nsale			Address (Give address to which approved copy of this form is to be sem)							
Navajo Refining Compan					,	P. 0. Box 159, Artesia, NM 88210							
Name of Authorized Transporter of Casing	ghead Gas	X	Ot I	Ory G	ias	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762					E/H/		
GPM Gas Corporation  If well produces oil or liquids, give location of tanks.	Unit	Sec.	Tw <sub> </sub>	p.	Rge.	ls gas actuall			When		<u> </u>		
If this production is commingled with that	from any of	lier lease of	r pool,	give	commingl	ing order num	ber:						
IV. COMPLETION DATA													
Designate Type of Completion	- (X)	Oil We	il	G	as Weli	New Well	Workover	   	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth				P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of	Producing 1	Forma	Lion		Top Oil/Gas Pay				Tubing Dep	Tubing Depth		
Perforations					J.,	Depth Casing Shoe							
		THIBING	i CA	SIN	IG AND	CEMENTI	NG RECO	RD		<u></u>			
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE						DEPTH SE				SACKS CEMENT		
	NOLL GIZL						·			ļ	Post IO-3		
										<del> </del>	8-20-	93	
										-	of the	name	
V. TEST DATA AND REQUE	ST FOR	ALLOV	ABI	LE	il and mus	the equal to or	r exceed ton a	llow	thle for thi	s depth or be	for full 24 hos	urs.)	
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						Producing M	lethod (Flow, )	рштұ	, gas lýl, e	itc.)	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Length of Test	Tubing P	Tubing Pressure				Casing Pressure				Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.				Gas- MCF	***			
CARTURE I	<u> </u>						<del></del>			<u> </u>	,		
Actual Prod. Test - MCF/D	AS WELL  Length of Test  Length of Test					Bbls. Condensate/MMCF				Gravity of Condensate			
lesting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size	Choke Size			
VI. OPERATOR CERTIFIC	ATE O	F COM	PLI	AN	CE	(	OIL CO	NS	SERV	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 is true and complete to the best of my knowledge and belief.					Date ApprovedAUG 1 1 1993								
Rhonda Millon													
Signature						∥ By_		<del>110</del>	NAL SH	GNED BY			
Rhonda Nelson Production Clerk					MIKE WILLIAMS Title SUPERVISOR, DISTRICT II								
Printed Name 2 1993  Title SUPERVISOR, DISTRICT II  Date Telephone No.													

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.

Submit 5 Copies
Appropriate District Office
DISTRICT'
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

## KECLIVED

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

MOV 7 5 1992

form C-104 Levised 1-1 ee Instruct I Bottom o	.89 }	
		(VI

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REOI				RIFAND	AUTHORIZ	ZATION	O.C.D.			
I.	111100	TO TR	ANSPO	ORT OIL	AND NA	TURAL GA	45		e		
Operator  Marbob Energy Corpor		Well API No.   30∺015−04392									
Address P. O. Drawer 217, Ar	tesia,	NM 8	38210								
Reason(s) for Filing (Check proper box)		G:	- '	-d-m-n-()	Oth	er (Please expla	rin)	<u></u>			
New Well  Recompletion  Change in Operator	Change in Transporter of:  Cil Dry Gas Caxinghead Gas Condensate Caxinghead Gas Caxinghead Gas Condensate Caxinghead Gas Condensate Caxinghead Gas Caxinghead Ga										
If change of operator give name and address of previous operator Ph	illips	Petro	1eum	Compan	y, 4001	penbrook	, Odessa	a, TX 7	9762		
II. DESCRIPTION OF WELL	AND LE	ΛSE			-,,					·····	
Lease Name BURCH BB FEDERAL		Well No.	Pool Na	JACKS	ng Formution ON SR Q	GRBG SA		of Lease Federal or Fre		8784 (B)	
Unit LetterC	:33	0.	_ Feet Fro	on The	N Lin	e and	1260 Fe	et From The	W	Line	
Section 30 Township	, 1	7S	Range	30E	, N	мрм,	EDDY			County	
III. DESIGNATION OF TRANSPARE OF Authorized Transporter of Oil NAVAJO REFINING COMPA	<del>  X</del> 1	or Conde		D NATU	Address (Giv	e address to wh				nt)	
Name of Authorized Transporter of Casinghead Gas					P. O. BOX 159, ARTESIA, NM 88210  Address (Give address to which approved copy of this form is to be sent)  4001 PENBROOK, ODESSA, TX 79762						
If well produces oil or liquids, give location of tanks.	Unit 	Sec.	Twp.	Rge.	e. Is gas actually connected? When ?						
(this production is commingled with that (IV. COMPLETION DATA	roin any otl	ier lease of	pool, giv	e commingl	ing order num	ber:		<del></del>			
	<i>a</i> n	Oil Wel	ı C	ias Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -  Date Spudded		pi. Ready t	o Prod.	<del></del>	Total Depth	<u> </u>		P.B.T.D.		<u> </u>	
						บอง		P. P. A.			
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oll/Gas			Tubing Depth			
Perforations								Depth Casin	g Slioe		
		TUBING	, CASIN	NG AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CA	SING & T	UBING S	IZE		DEPTH SET		SACKS CEMENT			
								(1)5100 JUS			
								chg. Q.			
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR A	ALLOW otal volume	ABLE of load o	il and must	be equal to or	exceed top allo	wable for this	depth or be f	or full 24 hour	rs.)	
Date First New Oil Run To Tank	Date of Te	at			Producing Mo	ethod (Flow, pu	mp, gas lift, e	(c.)			
Length of Test	Tubing Pressure				Casing Press.	ire		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	<del></del>										
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conden	sale/MMCF		Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Sliut-in)				Casing Pressu	re (Shut-in)	<del></del> .	Choke Size			
VI. OPERATOR CERTIFICAL I hereby certify that the rules and regular Division have been complied with and the	tions of the	Oil Conser	vation	CE		DIL CON		ATION E	DIVISIO	N	
is true and complete to the best of my kn	owiedbe at	ad Delici.	4		Date	Approved	j	NOV 1 0	1992		

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

Production

Signature

Printed Name 11/2/92

Rhonda Nelson

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.

ORIGINAL SIGNED BY

SUPERVISOR, DISTRICT I

MIKE WILLIAMS

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.