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

State of New Mexico Energy, Minerals and Natural Resources Department See Instructions

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

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

AUG 0 6 1993

Q. C. D.

DISTRICT III

000 Rio Brazos Rd., A	ziec, NM 87410						AUTHORIZ TURAL GA	NS	of springs of the	14 k			
Operator Marbob Energy Corporation						Well 30-			Pl No. 15 -252 02	202	91		
Address		<u></u>			······································		(= -,			•		
P. O. Draw		tesia,	NM 8	8210		CV 0:1	/n/ - 1						
Reason(s) for Filing (Co	heck proper box)		, m	tr	f.		r (Please expla		Unit				
New Well	Well From From From From From From From From							Change from Lease to Unit From: Keely B Federal # 23					
Recompletion	\vdash	Oil		Dry Gas	,		tive 8/1		11 11 23				
Change in Operator		Caringhe	ad Gas	Condens	sate	Ellec	JUIVE 0/1	. / //					
change of operator given address of previous	re name operator												
		AND LE	ASE										
I. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including								_	Lease Lease No.				
Burch Keely	Unit		166	Gr	bg Jacl	kson SR (Q Grbg SA	A SWEXT	ederal or FeXX	<u> </u>			
Location							•						
Unit Letter.	G	_ :	2310	_ Feet Fro	on The	_NLine	and2	<u>310</u> F∞	t From The	<u>E</u>	Line		
						•		Edd					
Section	26 Townshi	p	17S	Range	29	F 140	мРМ,				County		
II. DESIGNATI	ON OF THE AN	ויימסמפו	TO OF C	III. ANI	n NATU	RAL GAS							
II. DESIGNATE Name of Authorized To	CIN OF TRAIN	-X	or Conde	nsale		Address (Give			copy of this form		1)		
Navajo Refi	ining Compa	any				P. 0.	Box 159,	Artesia	, NM 882	10			
Name of Authorized To			X	or Dry	Gas	Address (Giw	e address 10 wh	uch approved	copy of this form	n is to be sen	1)		
GPM Gas Con								Odessa,	TX 7976	2			
If well produces oil or give location of tanks.	liquids,	Unit	Sec.	Twp.	Rge.	ls gas actually	y connected?	When	7				
f this production is ∞n	nmingled with that	from any of	ther lease o	r pool, giv	e commingl	ing order numb	ber:						
Y. COMPLETION	ON DATA	•						. .					
			Oil We	ii C	Jas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v		
Designate Type	of Completion		l	l		<u> </u>	<u></u>	لـــــا			<u> </u>		
Date Spudded		Date Con	npl. Ready	to Prod.		Total Depth			P.B.T.D.				
					Top Oil/Gas	Pav		Tuhina Danit	Ticking Dorth				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Old Oak	,		Tubing Depth				
Perforations						1			Depth Casing	Shoe			
1 CHOLANOUS													
			TUBINO	J. CASII	NG AND	CEMENTI	NG RECOR	D D					
HOLE	9175	C	ASING &				DEPTH SET		SACKS CEMENT				
HOLE	SIZE	OAGING & TOOM O							Peri	+ ID.	- 3		
									8-	20-9			
									also	hen	une		
		-							0				
V. TEST DATA	AND REQUE	STFOR	ALLOY	VABLE			•						
OIL WELL	Test must be after	recovery of	total volum	re of load	oil and mus	be equal to or	exceed top all	owable for this	depth or be for	full 24 hour	5.)		
Date First New Oil Ru		Date of 7				Producing M	ethod (Flow, pr	ump, gas lýl, e	ic.)				
						<u> </u>			Choke Size				
Length of Test		Tubing Pressure				Casing Press	Casing Pressure			CHOKE SIZE			
						Water - Bbls.			Gas- MCF				
Actual Prod. During T	esi	Oil - Bbl	s.			Water - Bula	,	•					
						J.,							
GAS WELL				· · · · · · · · · · · · · · · · · · ·		TRUE COMM	enia/k/k/ZE		Gravity of Co	ndensale			
Actual Prod. Test - MCF/D Lengt			l'l'est			Bbis. Condensate/MMCF							
		- marie = 1	ressure (Sh	iii(-in)	···	Casing Press	ure (Shut-in)		Choke Size				
lesting Method (pitot,	back pr.)	I noted h	repart (20	······			••						
	n denmer	3 4 1777 0	E COM	TDI TAN	JCE .						. 1		
VI. OPERATO	R CERTIFIC	AIEO		remanica Tr. TryTy	ACE.		OIL CÓI	NSERV	ATION D	IVISIO	N		
I hereby certify tha Division have been	the rules and regulation that the complete with and	uations of th I that the inf	ie Oil Cour (ormation 2	iven above	•]] .		4110					
Division have been	e to the best of my	knowledge	and belief.			Date	e Approve	ed AUG	1 1 1993				
5/11/		Th.	. 🔨				٠٠،٥١٩٠،٠						
12/_	1 Va	1/0)			n			•				
Signature	-314 / tot	4305				By_		INAL SIGN					
Rhonda Ne	lson	Prod	uction		·k	П		WILLIAMS					
Printed Name Title						Title SUPERVISOR, DISTRICT II							
Allo			7	AH - 776	, .	1.1							

ing as aring agreem beingeboth, a cribe of 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.

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.

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

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

Revised 1-1-89
See Instructions
at Bottom of Page NOV - 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.

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUE	ST FC	R AL	LOWAE	BLE AND	AUTHOR	ZATION					
I.	T(OTRA	NSPC	ORT OIL	AND NA	TURAL G	<u>AS</u>					
Operator			Well A	APINO.)-015-20291								
Marbob Energy Corpor								<u> </u>				
P. O. Drawer 217, Ar	tesia, N	VM 88	210			(h)	(-/-/)					
Reason(s) for Filing (Check proper box)					Oth	er (Please exp	lain)					
New Well	C	hange in	-	[1	Ef	fective	11/1/92					
Recompletion	Oil	Ш	Dry Gae	; <u> </u>		•						
Change in Operator	Caringhead (Gas 🗌	Conden	sate								
	illips]	Petro]	Leum	Compan	y, 4001	penbrool	k, Odessa	a, TX 7	9762			
II. DESCRIPTION OF WELL	AND LEAS	SE								ase No.		
Lease Name Well No. Pool Name, Including						o anna a	Kind o	Federal or Fee LC-028784B				
KEELY B FEDERAL		23	GRI	BG JACK	CSON SK	Q GRBG S	A KXXX	ΛΛ	<u>л гс-о.</u>	207041		
Location		•			N T		2.210 =	. =	r	Line		
Unit Letter G	: 231	0	Feet Fro		•	e and	2 [:] 310 Fe		E			
Section 26 Township	, 17	S	Range	29	9E , N	мрм,	<u> </u>	EDDY		County		
III. DESIGNATION OF TRAN	SPORTER	OF OI	L ANI	NATU	RAL GAS							
Name of Authorized Transporter of Oil NAVAJO REFINING CO.		r Condens			Address (Give address to which approved copy of this form is to be sent) P.O. DRAWER 159, ARTESIA, NM 88210							
Name of Authorized Transporter of Casing	head Gas	<u>г Х</u>	or Dry (Gas	Address (Give address to which approved copy of this form is to be sent)							
GPM GAS CORPORATION					4001	PENBROOK	, ODESSA	, TX 79		 		
If well produces oil or liquids, give location of tanks.	Unit S 	iec.	Twp.	Rge.	ls gas actuall	y connected?	When	7				
If this production is commingled with that I	rom any other	lease or p	ool, giv	e commingl	ing order num	ber:						
IV. COMPLETION DATA	i	Oil Well		ias Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		OII WEII	1	JAB TICH	I Hew It ell	I	1			i		
Date Spadded	Date Compl.	Ready to	Prod.		Total Depth	<u> </u>	l	P.B.T.D.				
					77 75 1177	D-11						
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Fo	rmation		Top Oil/Gas Pay			Tubing Depth				
Perforations	<u></u>							Depth Casin	g Shoe			
		IDING	CASIN	JC AND	CEMENTI	NG RECO	RD	<u> </u>				
NO F DITE	TUBING, CASING AND				CEMILITY	DEPTH SE		SACKS CEMENT				
HOLE SIZE	CASING & TUBING SIZE							posted ID-3				
	 							11-20-92				
								Cha. Op.				
								(J			
V. TEST DATA AND REQUES	T FOR AI	LLOWA	BLE				lawahla for thi	e danth ar ha f	or full 24 hau	re.)		
OIL WELL (Test must be after r			of load o	oil and musi	be equal to of	r exceed top at	nump, gas lift, e	ole)	or just 24 non			
Date First New Oil Run To Tank	Date of Test				Producing M	ieulod (rtow, p	neπp, gas igi, e					
Length of Test	Tubing Press	ure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF				
Metal 1100 2 200 g				 	<u></u>		•	<u> </u>				
GAS WELL						nsate/MMCF		Gravity of C	ondensale			
Actual Prod. Test - MCF/D Length of Test					Bbls. Conde	nsate/MIMCI.		•				
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Press	ure (Shut-in)		Choke Size					
VI. OPERATOR CERTIFIC.	ATE OF (COMP	LIAN	ICE			VSERV/	ATION I	טועופור	N		
I hereby certify that the rules and regula	ations of the O	il Conserv	ation		'		VOEN VI	TION	2141010	/ I V		
Division have been complied with and t	that the inform	iation give	n above		_		, N	0V 1 0	1002			
is true and complete to the best of my k	nowledge and)			Date	Approve	≆a''	<u> </u>	133/			
Thonda Mu	12m				_		<u></u>	NED DV				
						By ORIGINAL SIGNED BY						
Signature Rhonda Nelson Production Clerk						MIKE WILLIAMS						
Printed Name 11/2/92		74	Tide 3-330	9.3	Title	SUF	EKVISUR,	0.0701				
11/2/32 Date			phone N									

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.

 A) Separate Form C-104 must be filed for each pool in multiply completed wells.