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

KELETYED

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

ALLOWARIE AND AUTHORIZATION

· · · ·	HEQU	C T D ^	א אר אר אר		ST UII		TURAL GA	us non				
Operator	TO TRANSPORT OIL A					AND NAI	Well A			Pl No.		
Marbob Energy Corpor	ation 💜	/										
Address												
P. O. Drawer 217, An	tesia,	NM 88	9210)				 		 -		
Reason(s) for Filing (Check proper box)						Othe	t (Please explo	iin)				
New Well	Change in Transporter of: Effective 11/1/92											
Recompletion 573	Oil	_	Dry C									
Change in Operator	Caringhead		Cond						my 7	0760	,,,,,,,	
f change of operator give name And address of previous operator Pt	illips	Petro	<u>leur</u>	m_Co	ompan	y, 4001	penbrook	, Odessa	1, TX /	9762		
II. DESCRIPTION OF WELL	AND LEA	SE										
Lease Name	Well No. Pool Name, Including											
KEELY A FEDERAL		18 GRBG JACKS				SON SR Q GRBG SA			federal or KexX LC-028784(A)			
Location Unit LetterM	:66	0	. Feel	From	The _S	Line	and 660	Fe	et From The	W	Line	
Section 13 Townshi	170				29	•	игм,				County	
III. DESIGNATION OF TRAN		₹ OF O	IL A	ND	natui	Address (Gov	address to w	hich approved	copy of this fa	orm is to be see	n)	
Name of Authorized Transporter of Oil NAVAJO REFINING COMPA	NY	or Conder				P. 0.	BOX 159,	ARTESIA	, NM 88	3210		
Name of Authorized Transporter of Casinghead Gas X Or Dry Gas GPM GAS CORPORATION						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.	ls gas actually	y connected?	When	7			
If this production is commingled with that	from any other	r lease or	pool,	give o	commingli	ing order numb	ber:					
IV. COMPLETION DATA								- 	- n n 1	la p.stv	Diff Res'v	
Designate Type of Completion	- (X)	Oil Weil	\	Gas	Well	New Well	Workover	Deepen		Same Res'v	Dill Resv	
Date Spudded	Date Compl. Ready to Prod.					Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay			Tubing Depth			
Perforations						l		 	Depth Casing Shoe			
	·	TIDING	CA	SING	AND	CEMENTI	NG RECO	RD	<u>.l</u>			
			UBING, CASING AND SING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
HOLE SIZE	- UA	CASING & TUBING SIZE							posted 70-3			
									Cha Co			
									<u> </u>	J'-		
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABL	Æ		. L and to a	· · arceed top of	loumble for thi	e denth or be	for full 24 hou	rs.)	
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						be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)						
Least of Test	Tubing Pressure					Casing Press	ure		Choke Size			
Length of Test						Water - Bbls			Gas- MCF			
Actual Prod. During Test	Oil - Bbis.											
GAS WELL						:= :				Condinate		
ctual Prod. Test - MCF/D Length of Test						Bbls. Condensate/MMCF			Gravity of Condensate			
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Clicke Size			
VI. OPERATOR CERTIFIC	ATE OF	COM	PLL	4N(CE		OIL COI	VSERV.	ATION	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation						NOV 1 0 1000						
is true and complete to the best of my	knowledge at	na venel.				Date	e Approve	ea				
Whonda Millon						∥ By_	OR	GINAL SH	SNED BY			
Signalure Production Clerk						MIKE WILLIAMS						
Rhonda Nelson Production Clerk Printed Name Title						Title SUPERVISOR, DISTRICT IT						
11/2/92			<u> 18-3</u>				· 					
Date		Te	lephon	ne No.		11						

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
- 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.