1	-										olly -
Subnit 5 Copies Appropriate District Office DISTRICT1		Energy,	-		lew Mexi tural Res	ico ources Depa	rtment	RE	CEIVED	Form C-1 Revised 1- See Instru	04 1-89 ctions
P.O. Box, 1980, Hobbs, NM 88240		OIL	CONS		VTION 0x 2088	N DIVIS	ION	NOV	5 1992	at Bottom	of Page 5
P.O. Drawer DD, Attesia, NM 88210		S	lanta Fe.			7504-2088		Ć). C. D.		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQ	UEST F	OR AL	LOWAI	BLE AN	D AUTHC	RIZAT	ION	G in Pypes p		
Ι		TOTR	ANSPC	DRT OIL		VATURAL	.GAS	Well Al	I No		
Openator Marbob Energy Corpor	ration	\checkmark							1110		
Address	ation	<u></u>									
P. O. Drawer 217, Ar	tesia,	NM a	88210								
Reason(s) for Filing (Check proper box)				_		Other (Please	explain)				
New Well	01	Change	in Transpor Dry Gas	11		Effectiv	ve 11/	1/92			
Recompletion Change in Operator	Oil Casinghe	ad Gas [Condens								
If change of operator give name)1 Penbro	ook. O	dessa	. TX 797	62	
			Olenn	Compar	<u>401</u>	<u> </u>			<u></u>		
II. DESCRIPTION OF WELL	AND LE	Well No	Bool Na	me Includ	ing Format	ion		Kind of	Lease		se No.
BURCH BB FEDERAL		20	GRB	G JACK	SON SR	Q GRBG	SA	SMAXF	ederal or PXXX	LC-028	784-93(1
Location							1000			Б	
Unit LetterB		0.	Feet Fro	an The	<u>N</u>	Line and	1980	Feel	From The	E	Line
Section 23 Township	p <u> </u>	S	Range		29E	, NMFM,		EDDY			County
III. DESIGNATION OF TRAN	SPORTI	TR OF (DIL ANI) NATU	RAL GA	AS					
Name of Authorized Transporter of Oil	_ـــــــــــــــــــــــــــــــــــــ	or Cond	ensale (II IIVA AAATATS	to which ap	PFOYEd C	opy of this form NM 882	is to be sent,)
NAVAJO REFINING COMPA		v									<u></u>
Name of Authorized Transporter of Casing GPM GAS CORPORATION	ghead Gas		or Dry (Gas 🛄	Address 4001	(Give address I PENBROC	io which of OK, ODI	ESSA,	opy of this form TX 79762	is to be sent, 2)
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	ls gas act	maily connected	d?	When 7			
give location of tanks.	<u> </u>	1	1	l	<u> </u>			l			
If this production is commingled with that i	from any ol	her lease o	or pool, give	e comming	ling order	umber:					
IV. COMPLETION DATA		l Oil We		as Well	New W	/ell Workov	er De	epen	Plug Back San	ne Res'v	Dill Res'v
Designate Type of Completion		i	i		<u>i</u>	<u>i</u>			l		
Date Spudded	Date Con	pl. Ready	to Prod.		Total De	pth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of 1	Producing	Formation		Top Oil	Gas Pay			Tubing Depth		
N	<u> </u>		·	. <u> </u>	<u> </u>		<u> </u>		Depth Casing St	106	
Perforations											
		TUBING	J, CASIN	NG AND	CEMEN	TING REC	CORD	· 1			
HOLE SIZE	C/	ASING &	TUBING S	IZE		DEPTH	SET		SAC	KS CEMEN	۱ <u>۱</u>
									f file	D-CJ	<u></u>
									$\frac{1}{0}$	$\overline{\mathcal{O}}$	
	-	<u> </u>			-				J	- <i>ф</i>	
V. TEST DATA AND REQUES	ST FOR	ALLOV	VABLE					. fr= 11 !:	denth on to for f	11 24	3
OIL WELL (Test must be after r	ecovery of I	total volum	ue of load o	il and mus	1 be equal 1	o or exceed top g Method (Flor	p allowable w. pump. •	as lift. etc	uepin or de jor j :.)	WI 24 NOWS.	<u>,</u>
Date First New Oil Run To Tank	Date of T	est			1 iouuuu	D			•		
Length of Test	Tubing Pr	ressure			Casing P	ressure			Choke Size		
					<u></u>	<u></u>			Gas- MCF		
Actual Prod. During Test	Oil - Bbls	i.			Water - I	3016.					
	1							ł			
GAS WELL	Length of	Test			Bbls. Co	ndensate/MMC	.F	1	Gravity of Cond	ensate	
Actual Prod. Test - MCF/D	Longui Ul										
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shui-in)			Choke Size			
				CE	-						
VI. OPERATOR CERTIFIC	ATEO		PLIAIN	CE		OILCO	ONSE	RVA	TION DI	VISIO	N
I hereby certify that the rules and regula Division have been complied with and t	that the info	xmalion g	iven above		1 .			Nor	1		
is true and complete to the best of my k	mowledge a	and belief.			Da	ate Appro	oved _	NUV	1 0 1992) 	
Khonda Mi	1 Sm										
	- un	<u></u>	<u></u>		By	/ORI	GINAL	SIGNE	D BY		
Signature Rhonda Nelson Production Clerk						By ORIGINAL SIGNED BY MIKE WILLIAMS					
Printed Name 11/2/92		7	Tide 48-330	3	Ti	lleSUF	PERVISO	DR, DIS	STRICT 17-		
Date 11/2/92			elephone No								
para	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				D. 1. 110						· · · · · ·

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.