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

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED Form C-104 Revised 1-1-89 See Instructions AUG 0 6 1993

OIL CONSERVATION DIVISION

P.O. Box 2088 New Mexico 87504-2088

| DISTRICT II 20. Drawer DD, Attesia, NM 88210 | P.O. Box 2088 Santa Fe, New Mexico 87504-2088 | | | | | Q (D. | | | | |
|--|--|-------------------------|---------------------------|------------------------|-------------------|-----------------------|---|------------|--|--|
| DISTRICT III UXU Rio Brazos Rd., Aztec, NM 87410 | REQUEST FO | OR ALLOWABI | LE AND A | UTHORIZ | ATION | * = - | | | | |
| • | TO TRA | NSPORT OIL | AND NAT | UNAL GA | A Mell YI | i No. | | | | |
| Operator Marbob Energy Corpoi | Marbob Energy Corporation | | | | 30-015- 20622 | | | | | |
| Address P. O. Drawer 217, As | | 8210 | | | | | | | | |
| Reason(6) for Filing (Check proper box) | | | X Othe | r (Please explai | n) | | | • | | |
| New Well | | Transporter of: | | from Lea Burch B | ase to U | n1t | 91 | | | |
| Recompletion | | Dry Gas \square | From: | Burch B. ive 8/1/9: | | 11 1/20 | / | | | |
| Change in Operator \square | Casinghead Gas | Condensate | Effect | .1ve 0/1/ | 7.5 | | | | | |
| change of operator give name nd address of previous operator | | <u> </u> | | | | | ··········· | | | |
| I. DESCRIPTION OF WELL | AND LEASE | Pool Name, Including | r Fountion | | Kind o | | | ase No. | | |
| Lease Name | Well No. | Grbg Jackson | | Grbg SA | XXXXe, F | ederal ox Rex | X | | | |
| Burch Keely Unit | | | | | _ | | 7.7 | Line | | |
| Unit Letter D | | | | | Line and 617 Feel | | | | | |
| Section 18 Townsh | ip 17S | Range 30 | E , Ni | ирм, | | Eddy | | County | | |
| III. DESIGNATION OF TRAN | SPORTER OF O | IL AND NATU | RAL GAS | | | | is to be see | | | |
| Name of Authorized Transporter of Oil | Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, NM 88210 | | | | | -/ | | | | |
| Newsje Refining Compo | P. O. Box 159, Artesia, Nr. Address (Give address to which approved copy of | | | | orm is to be ser | ਪ) | | | | |
| lame of Authorized Transporter of Casinghead Gas X or Dry Gas | | | 4001 Penbrook, Odessa, | | | <u>TX 79762</u> | | | | |
| If well produces oil or liquids, | Unit S∞. | Twp. Rge. | ls gas actuall | y connected? | When | | | | | |
| pive location of tanks. | 1 | | ing order num | ber: | | | | | | |
| If this production is commingled with that IV. COMPLETION DATA | from any other lease of | r poor, give containing | ing older num | | | | 1 | big nedu | | |
| | Oil We | ll Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | | |
| Designate Type of Completion | Date Compl. Ready | to Prod. | Total Depth | 1 | l | P.B.T.D. | l | | | |
| Date Spudded | | | 75-7511/756 | Day | | Tubing Dan | ıh | | | |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | Top Oll/Gas Pay | | | | Tubing Depth | | | |
| Perforations | | | | | | Depth Casia | ig Shoe | | | |
| | TUBING | , CASING AND | CEMENT | NG RECOR | D | - <u>'</u> | | | | |
| LIOLE SIZE | HOLE SIZE CASING & TUBING SIZE | | DEPTH SET | | | - | SACKS CEMENT | | | |
| HOLE SIZE | | | | | | 8-20-53 | | | | |
| | | | | | | | | | | |
| | | | - | | | |) | | | |
| V. TEST DATA AND REQUI | EST FOR ALLOV | VABLE | | | aumble for th | is denth or be | for full 24 hou | ors.) | | |
| OIL WELL (Test must be afte. | r recovery of total volum | ne of load oil and mus | Producing N | lethod (Flow, p | ump, gas lift, | elc.) | <u>, , , , , , , , , , , , , , , , , , , </u> | | | |
| Date First New Oil Run To Tank | Date of Test | | | | | | | | | |
| Length of Test | Tubing Pressure | | Casing Pres | sure | | Choke Size | Choke Size | | | |
| · | | | Water - Bbls. | | | Gas- MCF | | | | |
| Actual Prod. During Test | Oil - Bbls. | | | | | | | | | |
| CLEANEL I | | | | | | | Condensate | | | |
| GAS WELL Actual Prod. Test - MCF/D | Length of Test | | Bbls. Condensate/MMCF | | | Gravity of Condensate | | | | |
| Tosting Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | Casing Pressure (Shut-in) | | Choke Size | | | | | |
| | | | -\ | | | | DD 4016 | | | |
| VI. OPERATOR CERTIF | CATE OF CON | APLIANCE servation | | OIL CO | VSERV | ATION | ואואוט | NIC | | |
| I hereby certify that the rules and re Division have been complied with a | na mai nic miorimadon i | 64 , 44 | | A | ه ام | UC 4 1 | 1002 | | | |
| is true and complete to the best of n | ly knowledge and belief | | Dat | e Approve | ea A | 1 00 | CEEI | | | |
| Ikhonda N | Mon | | By. | | | NED DV | | | | |
| Signature Phonds Nelson Production Clerk | | | | | WILLIAN | i.C. | | | | |
| nlanda Nalcon | Production | 1 Clerk | Titl | e SUP | ERVISOR | DISTRIC | T II | | | |
| Printed Name 2 1982 1993 | | 748-3303 | | | | | | | | |
| Date | • 1 | l'elephone No. | 11 | | | | | | | |

restricted to be an inches.

- 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.