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

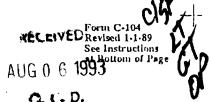
DISTRICT II P.O. Drawer DD, Antesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088



Q. (. D.

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	•						A SHOP	Ser on F.	•	
	HEUUESI									
I. Operator	1911	MANSP	ORT OIL	- AND NA	TURAL G	45 Well 7	Jil No.			
Marbob Energy Corporation							015- 20625			
Address					1	 	20025		•	
P. O. Drawer 217, A	rtesia, NM	88210	•		·					
Reason(s) for Filing (Check proper box)				_	er (Please expl	-				
New Well	- 	in Transpo	· ·		e from L Burch					
Recompletion	_	☐ Dry Ga			tive 8/1		T 11 ZD			
If change of operator give name	Calanghada Gio [<u></u>			, , , ,	<u>.</u>			
and address of previous operator										
	DESCRIPTION OF WELL AND LEASE ase Name Well No. Pool Name, Include				ing Formation Kind o			of Lease No.		
Lease Name Burch Keely Unit	; - , ,						Federal or Kex			
Location					<u> </u>	· · · · · · · · · · · · · · · · · · ·				
Unit Letter F	:1650	Feet Fi	om The	N Lo	e and	1650 Fo	et From The	<u> </u>	Line	
Section 23 Township 17S Range 29E			, NMPM, Eddy					County		
III. DESIGNATION OF TRAIN Name of Authorized Transporter of Oil	NSPORTER OF O		U NATU	Address (Giv	e address to wi	nich approved	copy of this fort	n is to be see	nt)	
Navajo Refining Company				1			NM 8281		-,	
Name of Authorized Transporter of Casinghead Gas X or Dry Gas							copy of this for		น)	
GPM Gas Corporation			_ <u>;</u> _				TX 79762	<u>}</u>		
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.	Rge.	ls gas actuali	y connected?	When	7			
If this production is commingled with that	t from any other lease (or pool, giv	ve comming!	ling order num	ber:					
IV. COMPLETION DATA		,		·		·	 ,			
Designate Type of Completion	Oil Wi - (X)	ell) (Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Dist Res'v	
Date Spudded	Date Compl. Ready	to Prod.		Total Depth	L	لـــــــــــــــــــــــــــــــــــــ	P.B.T.D.		_L	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oll/Gas Pay			Tubing Depth			
Perforations				<u> </u>		- 1 1	Depth Casing	Shoe		
TUBING, CASING AND				CEMENTI		D		OKO OEME	*\1\T	
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT Port ID - 3 8 - 21 - 93			
							the he marne			
V. TEST DATA AND REQUE	ST FOR ALLOY	VABLE	-!! d	he amed to an		awahla Gor thio	dansh on ha Cor	Gill 2d hour	-1	
OIL WELL (Test must be after Date First New Oil Run To Tank	recovery of total volum	ie of toda	ou ana musi		ethod (Flow, pu			jui 24 nour	3./	
Date Fills Field Officer 10 Tank	Date of Yea				, .,	,,,,,	•			
Length of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			Choke Size		
					Water - Bbls.			Gas- MCF		
Actual Prod. During Test	Oil - Bbls.			Trater - Bota			<u> </u>			
GAS WELL							•			
Actual Prod. Test - MCI/D					Bbls. Condensate/MMCF			Gravity of Condensate		
					Casing Pressure (Shui-in)		Clipke Size			
Fosting Method (pitot, back pr.)	Tubing Pressure (Sh	ui-inj		Casing Flesso	ie (Siim-in)		· ·			
VI. OPERATOR CERTIFIC	TATE OF COM	PLIAN	ICE			0000	TIÓN D		/	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION					
Division have been complied with and is true and complete to the best of my	that the information gi	ven above		[[NIC 4 4 4	iB03		
is true and complete to the best of my	1			Date	Approve	<u>ــــــــــــــــــــــــــــــــــــ</u>	W6 1 1 1	333		
Thomas da M.	10m			n						
Signature	Production			By	OBIGI	JAI SIGNE	D BV			
Rhonda Nelson	ORIGINAL SIGNED BY MIKE WILLIAMS									
Printed Name 2 1993 Title 748-3303					Title SUPERVISOR, DISTRICT II					

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

Date

includes a lateral destruction and the control of t

- 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.