Submit 5 Copies Appropriate District Office 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

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

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OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

AUG 0 6 1993

DISTRICT III OOU Rio Brazos Rd., Aziec, NM 87410	REQUEST F	OR ALL	OWABL	E AND AL	JTHORIZ	ATION	O. C. D.	ð			
	TO TRANSPORT OIL A				JHAL GA	5	Well API No. 30-015- 20628				
Decauor Marbob Energy Corpo		;									
	1441011				· · · · · · · · · · · · · · · · · · ·				•		
ddress P. O. Drawer 217, A	rtesia, NM 8	8210			······································			·			
cason(s) for Filing (Check proper box)				Change	Please expla	in) ase to U	nit				
lew Well	· -	n Transporte	r of:	Change From:	Burch C	Ease to o	# 24				
tecompletion	011	Dry Gas	. [bulch c Eve 8/1/		24				
Diange in Operator	Caninghead Gas	Condensa	ile	Ellect	LVE 0/1/						
change of operator give name									•		
. DESCRIPTION OF WELL	AND LEASE			<u></u>		Kind of	lesse	le	ıse No.		
ease Name	Well 140	Pool Nan	ne, Includin	g Formation on SR Q	Orbo SA	StateXF	ederal or Ken				
Burch Keely Unit	9	Grog	Jacks	on on q	0106 011	1					
Location	660	Coat Store	n The N	Line :	nd 6	60 Fcc	t From The	E	Line		
Unit Letter A	:000	rea rio	ii liic	,		Eddy			County		
Section 18 Towns	hip 17S	Range	30E	, NM	PM,	Eddy			County		
		OM AND	NATH	DAL GAS			_				
II. DESIGNATION OF TRA	NSPORTER OF Cond	ensate r	11/2101		address to wi	hich approved t	copy of this form	is to be ser	u)		
Name of Authorized Transporter of Oil Navajo Refining Comp.	\ 	L		P. O. Bo	x 159,	Artesia,	NM 82810				
Name of Authorized Transporter of Cas	inghead Gas X	or Dry C	328	Address (Give	address to wi	hich approved (copy of this form	is to be ser	u)		
GPM Gas Corporation			· 1			Odessa, When					
If well produces oil or liquids,	Unit Sec.	Twp.	Rge.	ls gas actually	connected!	l milen	,				
give location of tanks.		or pool pive	L. comming	ing order numb	<u></u>		`				
If this production is commingled with the	at from any other lease	or boort stace	· ~vininiiRi	D 0.000 House							
IV. COMPLETION DATA	loii w	ell G	ias Well	New Well	Workover	Deepen	Plug Back Sai	ne Res'v	Dill Res'v		
Designate Type of Completion	on - (X)	i		<u> </u>			n n m n		ــــــــــــــــــــــــــــــــــــــ		
Date Spudded	Date Compl. Read	y to Prod.		Total Depth			P.B.T.D.				
		F		Top Oil/Gas I	ay		Tubing Depth				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Name of Producing Formation				100 012 012 12,					
N-Zili			<u></u>	<u> </u>			Depth Casing S	hoe			
Perforations							<u> </u>				
	TUBIN	G, CASII	NG AND	CEMENTI	NG RECO	RD	CA	CKS CEM	FNT		
HOLE SIZE	CASING 8	TUBING S	SIZE		DEPTH SE	<u> </u>	Part ID-3				
							8	- 27	93		
							ch	lu	name		
				_				7			
V. TEST DATA AND REQU	IEST FOR ALLO	WABLE						6.11.04.1	1		
V. TEST DATA AND REQU OIL WELL (Test must be of	JEST FOR ALLO ter recovery of total volu	une of load	oil and mus	il be equal to or	exceed top a	Howable for the	is depth or be for	јші 24 hoi	as.j		
Date First New Oil Run To Tank	Date of Test			Producing M	ethod (Flow,	pump, gas lift,	EIG.j				
				Casing Press	ire.		Choke Size				
Length of Test	Tubing Pressure			TOTHE LICES	-						
	On Phi-			Water - Bbls			Gas- MCF				
Actual Prod. During Test	Oil - Bbls.							 			
							<u> </u>	·	 		
GAS WELL Length of Test Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate				
Actual 1000 2000					ure (Shut-in)		Choke Size				
Testing Method (pitot, back pr.)	Tubing Pressure	Tubing Pressure (Shut-in)			nie (siim-iii)						
			VICE					. 13. 21. 22. 2	~		
VI. OPERATOR CERTIF	FICATE OF CO	MPLIAI	NCE		OIL CO	NSERV	ATION D	IVISI	NC		
والمعموم مماري والمراجع	moulations of the UIL U	Meclagnon									
I hereby certify that the rules and Division have been complied with is upcand complete to the best of	and that the illioning to	7 K7 1 C11 mc c .	. •	Date	Approv	/ed	AUG 111	993			
is true and complete to all oest of					٠٠.٩٩.٠٠	3 <u></u>					
Khonda	1 / Qua			By_		GINAL SIG	NEO BY	<u></u>			
Signature		- n a t	an le								
Rhonda Nelson	Production	on Cle. Tide	<u>rk</u>	Title	MIK	ERVISOR	DISTRICT	l	,		
Printed Name 1892 1993	•	748-33	03		aur						
Date		Telephone	No.								

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- 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.

ibmit 5 Copies
ppropriate District Office P.O. Box 1980, Hobbs, NM 88240

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DISTRICT II P.O. Drawer DD, Attesia, 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			•		CAICO 0750			ene éxten e					
I.	REQ					AUTHORI TURAL GA							
Operator /							Well A	Well API No.					
Marbob Energy Corpor	ation												
Address P. O. Drawer 217, Ar	tesia,	NM 8	8210										
Reason(s) for Filing (Check proper box)					Othe	er (Please explo	in)						
New Well		Change in		F-1	Ef	fective	11/1/92						
Recompletion	Oil Caringhe	_	Dry Gas Condens										
Change in Operator X					/001	Denbrook	Odecc	TY 79	762				
			leum	Compan	y, 4001	penbrook	, odesse	19 IN 77	702				
II. DESCRIPTION OF WELL	AND LEASE Well No. Pool Name, Includin				ng Formation Kind c			X Lease	L	ase No.			
Lease Name BURCH C FEDERAL	24 GRBG JACK					GRBG SA	Ş4 ¥€,	Federal ox XXXX	LC-C	28793C			
Location					-								
Unit Letter A	:66	50	Feet Fro	m The	_N Line	e and6	<u>60</u> F⇔	et From The _	E	Line			
Section 18 Township	17	7 S	Range	30	E , NA	ирм,		EDDY		County			
III. DESIGNATION OF TRANS	SPORTE	R OF O	II. ANI	NATU:	RAL GAS								
Name of Authorized Transporter of Oil	X T	or Conder			Address (Give address to which approved copy of this form is to be sent)								
NAVAJO REFINING CO.	NAVAJO REFINING CO.							IA, NM 8		mt)			
Name of Authorized Transporter of Casing GPM GAS CORPORATION				1			TX 7976		//				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	ls gas actually		When						
If this production is commingled with that f	rom any ol	her lease or	pool, give	commingl	ing order numb	er:							
IV. COMPLETION DATA	 	10000		- 317.11	l N Wall	Markeyer	Deepen	Plug Back S	lame Res'v	Diff Res'v			
Designate Type of Completion -	· (X)	Oil Well	, G	as Well	New Well	Workover	Deepen	Flug Dack	Same ICS V				
Date Spudded		ipl. Ready to	Prod.		Total Depth	I.,		P.B.T.D.		<u> </u>			
					W								
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas	ray		Tubing Depth							
Perforations	J							Depth Casing	Shoe				
		TUDING	CASIN	IC AND	CEMENTI	NG RECOR	D	<u> </u>					
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				CENTALIA	DEPTH SET		S/	SACKS CEMENT				
Hote ole								DOST00-112-3					
							1 - 00-43						
				· · · · · · · · · · · · · · · · · · ·					79: (W			
V. TEST DATA AND REQUES	T FOR	ALLOW.	ABLE			•							
OIL WELL (Test must be after re	covery of	otal volume	of load o	il and must	be equal to or	exceed top alle	owable for this	depth or be fo	r full 24 hou	rs.)			
Date First New Oil Run To Tank	Date of To	est			Producing Me	ethod (Flow, pu	emp, gas iyi, e	16./					
Length of Test	Tubing Pressure			Casing Pressure			Choke Size						
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF						
	<u> </u>				<u></u>			L					
GAS WELL Actual Prod. Test - MCP/D	Length of	Test			Bbls. Conden	sale/MMCF		Gravity of Co	ndensate				
				(5)			Choke Size						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)									
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIAN	CE		OIL CON	ISERVA	ATION D	IVISIC	N			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION NOV 1 0 1992								
is true and complete to the best of my k	nowledge a	nd belief.			Date	Approve	dN	ONTO	JJL 				
YK) / Un	1.)]								
Monda Milson					∥ By	ORIGII		ED-BY-		······································			
Signature Rhonda Nelson Production Clerk					MIKE WILLIAMS								
Printed Name			Title	2	Title.	SUPER	IVIS OR , D	istrict i					
11/2/92			8-330 phone No										

to the production of the second of the secon INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

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