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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

NOV - 5 1992

See Instructions at Bottom of Pag

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

OIL CONSERVATION DIVISION

P.O. Box 2088 New Marico 87504-2088 Q. C. D.

WHA DECI E

DISTRICTIII			-		exico 6750									
1000 Rio Brazos Rd., Aztec, NM 87410					BLE AND A			N						
Operator			7	Vell A	Pl No.									
Marbob Energy Corpor	ation u	<u>/</u>		, . <u></u>										
Address P. O. Drawer 217, Ar	tesia,	NM 882	210							· · · · · · · · · · · · · · · · · · ·				
Reason(s) for Filing (Check proper box)		~			Othe	er (Please exp	lain)							
New Well		Change in To	гапвроп Эгу Gав	1 1	Ef	fective	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	/92						
Recompletion $\square$	Oil Casinghead	r1	Condens	·										
			eum (	Compar	y, 4001	penbroo	k, Ode	essa	, TX 7	9762	<del> </del>			
I. DESCRIPTION OF WELL														
Lease Name BURCH C FEDERAL		Well No. P							M Lease Lease No.  Federal or XFXX LC-028793C					
Location						*				_				
Unit Letter 0 : 660 Feet From The _				S Line and 1980			Fee	t From The _	E	E Line				
Section 30 Township	1	7S R	lange		30E , NI	игм,			EDDY		County			
II. DESIGNATION OF TRANS	SPORTEI	R OF OIL	AND	NATU	RAL GAS									
Name of Authorized Transporter of Oil X or Condensate						Address (Give address to which approved copy of this form is to be sent) P.O. DRAWER 159, ARTESIA, NM 88210								
NAVAJO REFINING CO.  Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)													
GPM GAS CORPORATION	4001 PENBROOK, ODESSA, TX 79762													
If well produces oil or liquids, give location of tanks.	Unit	Sec. T	wp.	Rge.	is gas actually	y connected?	۱   	When 7	? 					
f this production is commingled with that f	rom any othe	er lease or po	ol, give	comming	ling order numb	рег:								
V. COMPLETION DATA		Oil Well		as Well	New Well	Workover	Deep	en l	Plug Back	Same Res'v	Diff Res'v	,		
Designate Type of Completion - (X)					1					<u></u>	<u>i</u>			
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	<u></u>	<u></u>			<u> </u>	- <del> </del>			Depth Casin	g Shoe				
·	····	TIDING C	'A SIN	G AND	CEMENTI	NG RECO	RD		<u> </u>					
LIOUR DIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET				5	SACKS CEMI	ENT			
HOLE SIZE CASING & TUBING SIZE									rosted ID-3					
									11-20-92					
									chg.qu.					
V. TEST DATA AND REQUES	T FOR A	LLOWAL	BLE		<u> </u>				<u> </u>					
OIL WELL (Test must be after re	covery of lo	ial volume of	load oi	I and mus	be equal to or	exceed top a	llowable f	or this	depth or be f	for full 24 how	rs.)	_		
Date First New Oil Run To Tank	Date of Tes	t	Producing Method (Flow, pump, gas lift, etc.)											
Length of Test	Tubing Pressure				Casing Pressure				Choke Size					
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF						
GAS WELL	(1.1				Bbls. Conden	mie/MMCF	<del> </del>	<del></del> -	Gravity of C	ondensale				
Actual Prod. Test - MCF/D Length of Test								Choke Size						
osting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				- CHURC SILC					
VI. OPERATOR CERTIFICA	TE OF	COMPL	IAN(	CE			VISE	۸۱/۶	TION	OIZIVISIO	N			
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION									
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					D=1-	Annrais	ا ا	VOV	1 0 199	12				
is the suit complete to the orest of the	1	7.7			Date	Approve	:u ــــــــــــــــــــــــــــــــــــ	- U	<u>. u 133</u>	14				
Thonda M,	1000				D.,									
Signature					By ORIGINAL SIGNED BY									

e kanada kanada na masa na masa na masa pamahakan banasa na masa na masa na masa na masa na masa na masa na ma INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Rhonda Nelson

Printed Name 11/2/92

Date

to be alter that

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title\_

MIKE WILLIAMS

SUPERVISOR, DISTRICT IP

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Clerk Title

748-3303 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.