30-015-21265

Sidewall neutron Bamma Ray 0-3552 Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Astesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department at Bottom of I

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088.

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ALIC O 6 1993

1000 Rio Brazos Rd., Aztec, NM 87410	REOL	UEST F	OR AL	LOWAB	LE AND AUTHORIZA	LIUNI	0 0 1000				
I.	, in Car	TO TRA	NSPC	ORT OIL	AND NATURAL GAS	C ⊤wăi [™] X	C.D.				
Operator Marbob Energy Corpor	ation	7		•		PI No. 15- 21265					
Address	acton	<u> </u>				1500			•		
P. O. Drawer 217, An	tesia,	NM 8	8210								
Reason(s) for Filing (Check proper box)	š			_	X Other (Please explain) Change from Leas	e to	lini t				
New Well	O'I	Change in	Transpor	F3	From: Keely A F						
Recompletion	Oil Casinghe	ad Gas		,	Effective 8/1/93						
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LE	ASE									
Burch Keely Unit		Well No.	Pool Na Grb	me, includir g Jack	ng Formation son SR Q Grbg SA		Lease ederal or PXK	Lease	No.		
Location Unit Letter A	. 330	o ·	_ Feet Fro	n The	N Line and 990	Fee	t From The	Е	Line		
Section 24 Townshi	p 17	7S	Range	29E	, NMFM,	Eddy			County		
		en or o		י זיי או א							
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTI	OF OF Or Conde	IL ANI	J INA I UI	Address (Give address to which						
Navajo Refining Compa	nyl		-		P. O. Box 159, Artesia, NM 82810						
Name of Authorized Transporter of Casing GPM Gas Corporation	ghead Gas	(X)	or Dry (Gas	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When	7				
If this production is commingled with that	from any of	lier lease or	pool, giv	e commingi	ing order number:						
IV. COMPLETION DATA		100.00		1 337 11	N W. W	<u> </u>	Plug Back Sa	ma Bae'y b	iff Res'v		
Designate Type of Completion	- (X)	Oil Wei	ı jo	Jas Well	New Well Workover 1	Deeben	ring Back 12x	me Kesv P	III Kes v		
Date Spudded		npi. Ready i	o Prod.	- 	Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay Tubing Depth						
Perforations							Depth Casing S				
		TUBING	, CASII	DIA DI	CEMENTING RECORD		DAOVO OTHERE				
HOLE SIZE	C,	ASING & T	UBING S	SIZE	DEPTH SET		SACKS CEMENT				
	_						100	-10 9	<u> </u>		
	-							le le	2		
	 							3 111			
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE					6.0.04.1			
			e of load o	oil and must	be equal to or exceed top allowated Producing Method (Flow, pump.	eas list. e	i depin or be jor. ic.)	jui 24 nours.)			
Date First New Oil Run To Tank	Date of T	CA									
Length of Test	Tubing P	Tessure		***	Casing Pressure		Choke Size				
Actual Prod. During Test	Oil - Bbl	s.			Water - Bbls.	Gas- MCF					
GAS WELL	<u> </u>		-		<u> </u>						
Actual Prod. Test - MCIVD						Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing P	ressure (Shi	ut-in)		Casing Pressure (Shut-in)	Choke Size					
VL OPERATOR CERTIFIC	ATE O	F COM	PLIAN	ICE	OIL CONS	ERV	ATION D	VISION			
I hereby certify that the rules and regu Division have been complied with and is true and complete to the best of my	that the inf	ormation gi	ven above	:		٨	UG 1 1 19				
The state of the	10				Date Approved						
Simular /U	Lyon				By	SIGN	EDRV				
Signature Rhonda Nelson Production Clerk					ORIGINAL SIGNED BY MIKE WILLIAMS						
Printed Name		7.	Tide 48-330	7.3			ISTRICT II				
AUG 0 2 1993			lephone N								

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.

Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

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OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

RÉCEIVED AUG 0 6 1993

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION C. L. D.

1.		19 1HA	11121	OHIOIL	AND NA	TUNAL GA	10 3031	Ū'l No.	<u> </u>		
Operator Markak Francy Corner	ation	/		. `	•		30-0	15- 2126	55		
Marbob Energy Corpor	ation										
Address P. O. Drawer 217, Ar	tesia.	NM 8	8210	-		,					
Reason(s) for Filing (Check proper box)					X Oth	et (Please expla	zin)				
New Well		Change in	Тгавар	orter of:		ge from L		Unit			
Recognition Oil Dry Gas From: Keely A Federal # 23											
Change in Operator	Casinghead		_		Effec	tive 8/1	/93				
If change of operator give name											
and address of previous operator											
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name lockeding Formation Kind of Lease Lease										ase No.	
Lease Name Burch Keely Unit	Well No. Pool Name, Including Formation Grbg Jackson SR Q Gr							Federal or IX		ase No.	
Location									_		
Unit Letter A	:330		_ Feet F	rom The	N Lin	e and99	<u>0 </u>	et From The	E	Line	
24 5	17	S	Range	29E	N	мрм.	Edd	J		County	
Section 24 Township	17	<u></u>	Range	2711	, IX.	1411 141,				County	
III. DESIGNATION OF TRANS	SPORTE	R OF O	IL AN	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil	X	or Conde	nsale		Address (Gir	ve address to wh	hich approved	copy of this fo	orm is to be ser	ਪ)	
Navajo Refining Compan	ı y				P. O. I	Box 159,	Artesia	, NM 82	810		
Name of Authorized Transporter of Casings GPM Gas Corporation	head Gas	X	or Dry	Gas		<i>ve address to wh</i> enbrook,				и)	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actual	s actually connected? When ?					
give location of tanks.	i		j	j			1				
If this production is commingled with that f	rom any oth	er lease or	pool, g	ive comuning	ing order num	iber:					
IV. COMPLETION DATA										_,	
	an.	Oil We	11	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -		.l <u>.</u>			Total Dards	<u> </u>	J	1,	l		
Date Spudded	Date Comp	ol. Ready I	to Luxr		Total Depth			P.B.T.D.			
THE PURE PER CO. III	Name of P	mduging I	iormatic	vri	Top Oil/Gas	Pay	 	Tubing Depth			
Elevations (DF, RKB, RI, GR, etc.)	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					-					
Perforations	<u> </u>				J			Depth Casin	Depth Casing Shoe		
1 0110114000											
	•1	UBING	, CAS	ING AND	CEMENT	ING RECOR	D D				
HOLE SIZE		SING & T				DEPTH SET		SACKS CEMENT			
								Post ID-3			
						<u></u>		8-30,-93			
								<u> </u>	che les mana		
			, , , , , , , , , , , , , , , , , , , 		<u></u>						
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR A	LLLUM	AULA	u dailandmus	t he equal to a	r exceed top all	owable for th	is denth or be	for full 24 hou	rs.)	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Te		e oj 1000	ou una mas	Producing N	fethod (Flow, p	ump, gas lift,	eic.)			
Date Pirst New Oil Run 10 Tank	Date of 1e	H						•			
Length of Test	Tubing Pre	esite.			Casing Press	sure	<u> </u>	Choke Size			
Lengui of Test	Tuoing Tiv	20010						·			
Actual Prod. During Test	Oil - Bbls.				Water - Bbli	S.		Gas- MCF			
7,000								<u>. L., </u>			
GAS WELL	<u></u>								•		
Actual Prod. Test - MCF/D	Length of	l'est			Bbls. Coude	nsate/MMCF		Gravity of C	ondensate		
730000 7300 7000								74			
Tosting Method (pilot, back pr.)	Tubing Pre	ssure (Sn	ut-in)		Casing Press	sure (Shul-in)		Choke Size			
								<u> </u>			
VI. OPERATOR CERTIFIC	ATE OF	COM	PLLA	NCE			JOEDV	ΛΤΙΌΝ ΙΙ	טואופור	INC	
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 equiplete to the best of my knowledge and belief.						AUG 11 1993					
is true and complete to the best of my	mowleage a	na pelici.			Date	e Approve	ed		1000		
$\mathcal{A}(\mathcal{A})$											
y chonda /U	Lybr			, ···-	By						
Signature Rhonda Nelson Production Clerk					ORIGINAL SIGNED BY MIKE WILLIAMS						
Printed Name			Tille		Title SUPERVISOR DISTRICT II						
AUG 0 2 1993			48-33				 	- 10 1 110 1 1	.•		
Date		Te	lephone	No.	- 11						

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

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A Comment

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Maria de la companya Maria de la companya Submit 5 Copies
Appropriate District Office
DISTRICT'
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT II P.O. Drawer DD, Astesia, NM 88210	O.I.		P.O. B	ox 2088 exico 8750		101	/ - 5 199	92	Û					
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST		-			ZATION). C. D.	£						
I.					TURAL G	AS	PI No.							
Operator Marbob Energy Corpo	oration $\sqrt{}$						15-2126	5						
Address P. O. Drawer 217, A		8821	9											
Reason(s) for Filing (Check proper box)				Oth	et (Please expl	ain)								
New Well			sporter of:	Ef	fective	11/1/92								
Recompletion X	Oil	☐ Dry	Gas L. densate											
If change of operator give name	Caringhead Gas Phillips Pet			v. 4001	penbrook	, Odessa	a, TX 7	9762						
and address of previous operator II. DESCRIPTION OF WELL		2020	<u> </u>	7.1										
Lease Name KEELY A FEDERAL	Well	No. Pool 3 G	Name, Includi RBG JACK	ing Formation SON SR C	GRBG SA		of Lease Federal or FX	XX LC-02	ease No. .8784 (A)					
Location Unit LetterA	:330	Feel	From The	N Lin	e and	90F	et From The	E	Line					
Section 24 Townsh	17S	Ranj	200	•	мрм,	EDDY			County					
III. DESIGNATION OF TRA			ND NATU	RAL GAS				 						
Name of Authorized Transporter of Oil NAVAJO REFINING COME		ndensale		P. O.	BOX 159,	hich approved , ARTESI <i>A</i>	copy of this fa A, NM 8	88210	nt)					
Name of Authorized Transporter of Casi GPM GAS CORPORATION	Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK, ODESSA, TX 79762							
If well produces oil or liquids, give location of tanks.	r liquids, Unit Sec. Twp. Rge. Is gas actually connected? When?													
If this production is commingled with tha IV. COMPLETION DATA	t from any other leas	e or pool,	give comming	ing order num	ber:									
	Oil	Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v					
Designate Type of Completion Date Spadded	1 - (X) Date Compl. Rea	dy to Prod		Total Depth	<u> </u>	1	P.B.T.D.	<u> </u>						
•	•		·	Top Oil/Gas	Pav		Tuting Des	11.						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	ig Formati	on	Top CibCas			Tubing Depth							
Perforations							Depth Casir	ig Shoe						
	TUBII	VG, CA	SING AND	CEMENTI	NG RECOR	D								
HOLE SIZE	CASING	& TUBIN	SIZE		DEPTH SET	· ····		BACKS CEM	ENT					
				<u> </u>			11-20-62							
	_						Cha OD							
								J	<i>T</i>					
V. TEST DATA AND REQUE	ST FOR ALLC	WABL	E				Jameh on ha	Car Gill 24 have	1					
OIL WELL (Test must be after Date First New Oil Run To Tank	recovery of total vol	ume of loo	d oil and must	Producing M	ethod (Flow, pr	ump, gas lift, e	ic.)	joi juit 24 nou	3.7					
Length of Test	Tubing Pressure			Casing Press	nte	······································	Choke Size							
				Water - Bbls.			Gas- MCF							
Actual Prod. During Test	Oil - Bbls.			Water - Bola										
GAS WELL				Bbls. Conden	mie/MMCF		Gravity of C	Condensate						
Actual Prod. Test - MCI/D	MCI/D Length of Test				·			Choke Size						
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Press	ure (Shut-in)		Choke Size							
VI. OPERATOR CERTIFIC	CATE OF CO	MPLIA	NCE		OIL CON	ISFRVA	TION	DIVISIO	N					
I hereby certify that the rules and regu- Division have been complied with and	ilations of the Oil Co	nservation							• •					
is true and complete to the best of my	knowledge and belie	ıf.		Date	Approve	d <u>NO</u>	V 1 0 1	992						
The made of the	10 m													
Signature				By ORIGINAL SIGNED BY MIKE WILLIAMS										
Rhonda Nelson Printed Name	Productio	<u>n Cle</u> Tide		Title	CHIDE	ERVISOR,		19						
11/2/92		748-3. Telephone												
Date		* crchitoric	. 101	Li										

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Date

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