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

State of New Mexico Energy, Minerals and Natural Resources Department

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Form C-10 Revised 1-1-89 See Instructions at Bottom of Pag

OIL CONSERVATION DIVISION

P.O. Box 2088

AUG 0 6 1993

DISTRICT II P.O. Drawer DD, Ailesia, NM 88210 Santa Fe, New Mexico 87504-2088 a...D. DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator Marbob Energy Corporation . 30-015-21366 Address P. O. Drawer 217, Artesia, NM 88210 Other (Please explain) Reason(s) for Filing (Check proper box) From: Burch AA Federal #31 Change in Transporter of: New Well Dry Gas Effective 8/1/93 Recompletion Condensate Change from Lease to Unit Casinghead Gas Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease No. Pool Name, Including Formation Kind of Lease Well No. Lease Name XXX, Federal oXXX Burch Keely Unit Grbg Jackson SR Q Grbg SA 98 Location 1650 Feet From The S Line and 760 Feet From The Unit Letter __ Eddy NMPM, County Township 17S Range 30E Section 19 III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate P. O. Box 159, Artesia, NM 88210 Navajo Refining Company or Dry Gas [Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas X 4001 Penbrook, Odessa, TX 79762 GPM Gas Corporation Twp. is gas actually connected? When ? Rge. If well produces oil or liquids, Unit Sec. give location of tanks. If this production is commingled with that from any other lease or pool, give comminging order number: IV. COMPLETION DATA New Well Workover Deepen | Plug Back | Same Res'v Gas Well Oil Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Spudded Date Compl. Ready to Prod. Top Oil/Gas Pay Name of Producing Formation Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE ID 8-20-. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Gravity of Condensate Bbls. Condensale/MMCF Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) losting Method (pilot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. AUG 1 1 1993 Date Approved ____

Production

Signature

Printed Name

AUG 0 2

Rhonda Nelson

1993

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

Title_

ORIGINAL SIGNED BY

SUPERVISOR, DISTRICT II

. MIKE WILLIAMS

with Rule 111. 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Clerk

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748<u>-3303</u>

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.