

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

NOV - 5 1992

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

I.

Operator Marbob Energy Corporation		Well API No. 30-015-21660
Address P. O. Drawer 217, Artesia, NM 88210		
Reason(s) for Filing (Check proper box)		<input type="checkbox"/> Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	Effective 11/1/92
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator Phillips Petroleum Company, 4001 penbrook, Odessa, TX 79762		

Lease Name BURCH C FEDERAL	Well No. 37	Pool Name, including Formation GRBG JACKSON SR Q GRBG SA	Kind of Lease <del>State</del> , Federal or <del>Other</del>	Lease No. LC-028793C
Location Unit Letter <u>J</u> : <u>2615</u> Feet From The <u>S</u> Line and <u>1345</u> Feet From The <u>E</u> Line Section <u>23</u> Township <u>17S</u> Range <u>29E</u> , <u>NMPM</u> , <u>EDDY</u> County				

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
NAVAJO REFINING CO.		P.O. DRAWER 159, ARTESIA, NM 88210				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		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.	Twp.	Rge.	Is gas actually connected?	When ?

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
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							Depth Casing Shoe		

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			POSTED 10-3
			11-20-92
			chg. op.

Date First New Oil Run To Tank	Date of Test	Producing Method ( <i>Flow, pump, gas lift, etc.</i> )	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

Actual Prod. Test - MMCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Rhonda Nelson

Signature Rhonda Nelson Production Clerk                     

Printed Name	Title
11/2/92	748-3303

Date \_\_\_\_\_ Telephone No. \_\_\_\_\_

Date Approved NOV 10 1992

By \_\_\_\_\_ ORIGINAL SIGNED BY \_\_\_\_\_

MIKE WILLIAMS

Title SUPERVISOR, DISTRICT 1

- 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.