Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Dox 1980, Hobbs, NM 88240

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 State of New Mexico
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 AUG 0 6 1993

Q ( D.

1000 Rio Brazos Rd., Aztec, NM 87410	REQUE	STEOR	ALLOWAE	BLE AND	AUTHORIZ	ZATION		••		
I.					TURAL GA					
Operator					אין					
Marbob Energy Corporation						30-0	15- 2166	51		
Address 247 Am		w oos			1, 27				•	
P. O. Drawer 217, Ar	resia, N	M 882	10	X Ou	ier (Please expla	det -		· · · · · · · · · · · · · · · · · · ·		
Reason(s) for Filing (Check proper box)  New Well	C	nange in Tra	naporter of:	_	e from Le	-	Unit			
Recompletion	Oil .		y Gas	From:		C Federa				
Change in Operator	Casinghead C	ias 🗌 Co	ndensale 🔲	Effec	tive 8/1/	/93			<u>.</u>	
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	ANDIEAS	E								
Lease Name				of Lease No.		ase No.				
Burch Keely Unit		80 (	Grbg Jack	son SR Q	Grbg SA	XXXX	Federal or Ke	<u>R</u>		
Location	•							_		
Unit LetterJ	: 2615	Fee	t From The	SLin	e and1	<u>345</u> F∞	t From The.	E	Line	
Section 23 Township	17	'S Ra	nge	29E ,N	мгм,	Eddy			County	
III. DESIGNATION OF TRAN	SPORTER	OF OIL	AND NATU	RAL GAS	· ·					
Name of Authorized Transporter of Oil	LX or	Condensate		Address (Giv	re address to wh				u)	
Navajo Refining Company					P. O. Box 159, Artesia, NM 82810					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					
GPM Gas Corporation  If well produces oil or liquids, Unit Sec. Twp. Rge.					4001 Penbrook, Odessa, TX 79762					
give location of tanks.										
If this production is commingled with that f	rom any other	lease or pool	, give commingl	ing order num	ber:			· · · · · · · · · · · · · · · · · · ·		
IV. COMPLETION DATA		20 11/20	Gas Well	New Well	Workover	l Danna l	Ding Deak	Carra Bas'u	Diff Res'v	
Designate Type of Completion - (X)				I THEM ILEIT	HONOVEL	Deepen	Flug Dack	Same Res'v	DIII KESY	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Prod	ucing Forma	lion	Top Oil/Gas Pay			Tubing Depth			
Perforations						<del></del>	Depth Casin	g Shoe		
·										
<u></u>					CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
				-			8	-11 -9	<del></del>	
							the be name			
	W FOD AT	COUADI	172		<del></del>					
V. TEST DATA AND REQUES OIL WELL (Test must be after re				be equal to or	· exceed top allo	wable for this	depih or be i	or full 24 hour.	s.J	
Date First New Oil Run To Tank	ecovery of total volume of load oil and must Date of Test			Producing Method (Flow, pump, gas lift, et						
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCI <sup>†</sup>			
OLD WELL	<u></u>			<u> </u>				• •		
GAS WELL Actual Prod. Test - MCF/D	D Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)						
Festing Method (pitot, back pr.)							Choke Size			
VI. OPERATOR CERTIFICA						SERVA	TION I	JIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above							TION DIVISION			
is the add complete to the best of my knowledge and belts.				Date Approved			AUG 1 1 1993			
Khonda M	// .	)		Dale	Whhinasc	4				
y consider the	L30~	<i></i>		D						

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

Signature

Rhonda Nelson

ing a sign spiriture experience in the contract proposition between the contract of the contract of

Printed Name 1993

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

ORIGINAL SIGNED BY

SUPERVISOR, DISTRICT II

. MIKE WILLIAMS

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.