Submit 5 Copies
Appropriate District Office
DISTRICT J
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

OIL CONSERVATION DIVISION

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

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O. C. D.

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FO			LE AND		ZATION				
I.					TURAL G	AS			 	
Operator Marbob Energy Corpor	Corporation \(\)					Well 7 30-0	PI No. 15-20412			
Address P. O. Drawer 217, Ar	tosia NM 8	 8210								
Reason(s) for Filing (Check proper box)	cesta, m. o.	2210		Oth	et (Please expl	ain)				
New Well	Change in	Transpo	orter of:	_	fective					
Recompletion	·	Dry Ga	1 - 1	£1	rective	11/1/92				
Change in Operator	Casinghead Gas	Condet	sate 🗌							
		7	C	4001	penbrook	r. Odess	a. TX 7	9762		
and address of previous operator Pr II. DESCRIPTION OF WELL	nillips Petro AND LEASE	reum	Compan	y, 4001	Penbroon	c, odebbi		<u> </u>	·	
Lease Name KEELY A FEDERAL	Well No.	lame, Includio G JACKS				of Lease Federal or XEX	Lease Lease No. LC-028784(A)			
Location	1980	Coat Er	men The	S Lin	660 e and	· Fe	et From The _	Е	Line	
12 17S 29E NAME EDDY C								County		
Section 13 Townshi	P	Range					-			
III. DESIGNATION OF TRAN		IL AN	D NATU	Address (Giv	e address to w	hich approved	copy of this fo	orm is to be se	nt)	
Name of Authorized Transporter of Oil NAVAJO REFINING COMPAN	or Conder	15216		Address (Give address to which approved copy of this form is to be sent) P. O. BOX 159, ARTESIA, NM 88210						
Name of Authorized Transporter of Casinghead Gas A or Dry Gas					Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK, ODESSA, TX 79762					
GPM GAS CORPORATION If well produces oil or liquids,	Unit Sec. Twp. Rge.				y connected?	When				
give location of tanks.		٠								
If this production is commingled with that IV. COMPLETION DATA				, 	,	Danne	Diug Dack	Same Res'v	Diff Res'v	
Designate Type of Completion	Oil Well		Gas Well	New Well	Workover	Deepen	I Link Dack	Same res	i kes	
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 Dep	Tubing Depth		
Perforations				l			Depth Casing Shoe			
renorations										
TUBING, CASING AND					ING RECO	RD				
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT		
HOLE SIZE	• • • • • • • • • • • • • • • • • • • •	O/IONIO E I IONIO E						posted ID-3		
							1//-	11-00 9		
							(hg)			
									- 	
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR ALLOW recovery of total volume	ABLE	oil and must	be equal to o	r exceed top al	llowable for th	is depth or be	for full 24 hou	ers.)	
Date First New Oil Run To Tank	Producing M	lethod (Flow, p	ownp, gas lift,	elc.)						
Length of Test	Tubing Pressure			Casing Presi	sure	-	Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbis.			Water - Bbli	<u> </u>		Gas- MCF			
G. G. WELL				<u> </u>			- 			
GAS WELL Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensale/MMCF			Gravity of Condensate			
Actual Prod. Test - MICHAD	Lengur or rest									
Fosting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
AND ARREST	LATE OF COM	DI TAI	NCF	1			475100	חויים בי	5 N I	
VI. OPERATOR CERTIFIC	ATE OF COM	سمالسن ليكيلونن	IACE		OIL CO	NSERV	AHON	DIVISIO	אכ	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above										
Division have been compiled with and that the information given above its true and complete to the best of my knowledge and belief.				Date	Date Approved NOV 1 0 1992					
\mathcal{A}					Bate Approved					
Signature Production Clark				By_	By ORIGINAL SIGNED BY MIKE WILLIAMS					
Rhonda Nelson Production Clerk Printed Name Title				Title	Title SUPERVISOR, DISTRICT IF					
11/2/92		18-33								
Date	Tel	ephone	No.	1		- جستريستني				
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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.