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

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

DISTRICT

State of New Mexico

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISIONSEP 0 1 1992

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

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

1000 Ido Brazos Rd., Aziec, Idai 87	HEQUES	ST FOR	ALLOWA	ABLE AND	AUTHOR	RIZATION				
I.	TO	PORT O	IL AND NATURAL GAS			Alil No.				
Operator	Well			7 <u>0</u> 1710.						
Mack Energy Corp	oration /			<u>., </u>						
Address P.O. Box 276, Ar	tesia. NM	88210	•							
Reason(s) for Filing (Check proper be					ther (Please ex	olain)				
New Well	Chi	nge in Tran	sporter of:			0 /4 /02				
Recompletion	Oil	Dry	4.00000	Ef	fective	8/1/92				
Change in Operator	Casinghead Ga		densate							
If change of operator give name and address of previous operator	rbob Energy	Corpor	ration,	P. O. D	rawer 21	7, Artes	ia, NM	88210	· · · · · · · · · · · · · · · · · · ·	
II. DESCRIPTION OF WEI	L AND LEASE	;						;		
ease Name Well No. Pool Name, Inch				I State			of Lease No. Finderal of Fine B-8095			
ETZ C STATE	STATE 12 GRBG JAC				CSON SR Q GRBG SA			AAAAAAA B-0075		
Location Unit LetterF	: 1980	Feel	From The	N Li	ne and	2310F	eet From The _	W	Une	
16	170	Rang			NMPM,			EDD	Y County	
Section 16 Town	iship 175	Kang	<u> </u>							
III. DESIGNATION OF TR	ANSPORTER O	FOIL A	ND NATU	RAL GAS		.L!ab	leany of this f-	rm is to he		
Name of Authorized Transporter of Oi WIWSI	Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Casinghead Gas or Dry Gas				Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquida, give location of tanks.	Unit Sec.	Twp.	Rge.	le gas actual	ly connected?	When	7			
give rocation of trans. If this production is commingled with the	at (man any other les	se or pool 9	ive comming	ling order nun	ıber:					
IV. COMPLETION DATA	at Hom any once for	or been a	y	,						
Designate Type of Completic		Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded Date Compil. Ready to Prod.				Total Depth			P.B.T.D.			
				4						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oll/Gas Pay			Tubing Depth			
Perforations				, I			Depth Casing Shoe			
				CIEN (IEN IEE	NO PECOP		<u> </u>			
		TUBING, CASING AND			DEPTH SET			SACKS CEMENT		
HOLE SIZE	CASING	& TUBING	SIZE	DEFINGET			Posted ID-3			
		***					9-11-	93		
							6/900			
V. TEST DATA AND REQU	EST FOR ALLO	WABLE	[-	he caust to as	- aread top all	aunhle far this	denth or he fo	r full 24 hour.	e.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	r recovery of total vol	lune of load	oil and musi	Producing M	ethod (Flow, pi	unp, gas lýl, e	ic.)	, jan 27 noa	<u>''</u>	
DAIL THE THE ON THE TO THE		DAILO 01. 102						Choke Size		
Length of Test	Tubing Pressure			Casing Pressure			CHOKE SIZE			
Name I Parking Tool	ctual Prod. During Test Oil - Bbls.				Water - Bbls.			Gas- Melf		
Actual Prod. During Test	Oli - Bois.									
GAS WELL							····			
Actual Prod. Test - MCIVD	Length of Test			Bbls, Condensate/MMCF			Gravity of Condensate			
Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Clioke Size			
osting Method (pitot, back pr.)	Tubing Pressure (Shu-m)		Casing 1 read						
I. OPERATOR CERTIFI	CATE OF CO	MPLIAN	NCE		DIL CON	SERVA	TION D	IVISIO	N	
I hamby certify that the rules and reg	ulations of the Oil Co	nservation					.,,			
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Date ApprovedSEP						
				11						
to honde helson				ORIGINAL SIGNED BY						
Ignature Clark				By MIKE WILLIAMS SUPERVISOR, DISTRICT IF						
Rhonda Nelson	Production	<u>n Cler</u> Tide	^	Title_	•	BUPER	(AIOOK, DI			
Printed Name 8 97		748-330		11118		<u></u>				
Date	•	l'elephone N	lo.							

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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.