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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, 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

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

RECEIVED

JUL 30 1993

C. I. D.

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Mack Energy Corporation		Well API No. 30-015-20192
Address P.O. Box 1359, Artesia, NM 88211-1359		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name GJ West Coop Unit	Well No. 108	Pool Name, including Formation Grayburg Jackson SR QN GB SA	Kind of Lease State, Federal or Fee	Lease No. B-514
Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>28</u> Township <u>17S</u> Range <u>29E</u> , <u>NMPM</u> , <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, NM 88211-0159					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 28	Twp. 17S	Rge. 29E	Is gas actually connected? Yes	When? 1/20/93

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 12-7-92	Date Compl. Ready to Prod. 1-4-93		Total Depth 6380'		P.B.T.D. 5050'			
Elevations (DF, RKB, RT, GR, etc.) 3575.5' RKB	Name of Producing Formation Grayburg San Andres		Top Oil/Gas Pay 3123'		Tubing Depth 3356'			
Perforations 3123-3325'					Depth Casing Shoe 5050'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		335'		350sx			
12 1/4"	8 5/8"		3000'		400sx			
7 7/8"	5 1/2"		5050'		1000sx			
	2 7/8"		3356'					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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.)

Date First New Oil Run To Tank 1-20-93	Date of Test 1-24-93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size camp # B14
Actual Prod. During Test 132	Oil - Bbls. 12	Water - Bbls. 120	Gas - MCF 40

GAS WELL

Actual Prod. Test - MCF/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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

Crissa D. Carter
Signature
Crissa Carter
Printed Name
7/27/93
Date
Production Clerk
Title
(505) 748-1288
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 6 1993

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR DISTRICT I

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.