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

## State of New Mexico Energy, Minerals and Natural Resources Department

## Form C-104 Revised 1-1-89 See Instructions RECEIVE Det Bottom of Page

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

JUL 3 0 1993

DISTRICT III

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410					BLE AND			·- salet	24-CM ):		
Operator	TO TRANSPORT OIL AND NATURA						Well API No.				
Mack Energy Corporati	30-015-27259										
Address							, ,				
P.O. Box 1359, Artest	la, NM	88211-	-135°	9		et (Please exp	lain)				
Reason(s) for Filing (Check proper box)		Change in	Transc	vorter of:		et (Fiease exp	rainj				
New Well XI Recompletion	Oil		Dry G								
Change in Operator	Casinghead	I Gas 🗍	Conde								
If change of operator give name											
and address of previous operator		······································									
II. DESCRIPTION OF WELL				Kind of Lease		ease No.					
Lease Name	Well No. Pool Name, Include				Jackson SR QN GB SA			State, Faderakor Fee		B-1266	
GJ West Coop Unit 106 Grayburg					Jackson Bk Qk Gb BA						
Unit Letter K	. 2	310	Feet F	rom The	South Lin	e and14	480F	eet From The .	West	Line	
Section 21 Township 17S Range 29E , NMPM, Eddy County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Ondensate Or Condensate Or Cond											
X						P.O. Drawer 159, Artesia, NM 88211-0159					
Navajo Refining Company  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					4001 Penbrook, Odessa, TX 79762						
If well produces oil or liquids. Unit Sec. Twp. Rg					is gas actually connected? When ?					,	
give location of tanks.	B	28		3   29E	Yes		L	5/14	/93	J	
If this production is commingled with that	from any othe	r lease or p	pool, gi	ve comming	ling order num	ber:					
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Х	i		Х	<u> </u>	i	<u> </u>	<u> </u>	1	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
3-1-93	4-2-93				B 800	50501		5006'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	-		Tubing Depth			
3616.6' RKB Grayburg San Andres						2271'	<del></del>	3802 * Depth Casing Shoe			
Perforations									5007		
2271-3778'	TI	IBING.	CASI	NG AND	CEMENTI	NG RECOR	ND CO	<u></u>			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
17 1/2 "	13 3/8 "				121'			200 sx			
12 1/4 "		8 5/8 "				735'			500 sx		
7 7/8 "	5 1/2 "				5007'			<del> </del>	1500 S	<u>«</u>	
V. TEST DATA AND REQUES	T FOR A	2 7/	BLE		<u> </u>	3802'	<del></del>	<u> </u>			
OIL WELL (Test must be after re	ecovery of total	il volume d	of load	oil and must	be equal to or	exceed top all	owable for thi	s depth or be f	or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test		2		Producing Me	thod (Flow, p	ump, gas lift, e	uc.)	Post	T D-2	
5-14-93	5-20-93				Pu	mping		-	8-13-53		
Length of Test	Tubing Pressure				Casing Pressu			Choke Size	camp	* BK	
24 hours								Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			180			
303	108				195			<u> </u>	100		
GAS WELL						4 5 4 5 5		I Consider of C	ondenente		
Actual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate			
The North of Colors hashen	Tuhing Press	bing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)											
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	NCE		NI 001	ICED\/	ATION!		\NI	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above											
is true and complete to the best of my knowledge and belief.					Date Approved						
Cia D Carto						ODICINAL SIGNED BY					
Signature						By ORIGINAL SIGNED BY					
Signature Crissa Carter Production Clerk						Q1	JPERVISO	R, DISTRI	CT II		
Printed Name Title					Title.						
7/15/93 (505) 748-1288  Date Telephone No.											
JAC		. 5.07			<u> </u>						

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.