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

State of New Mexico Energy, Minerals and Natural Resources Department

See Instructions at Bottom of Page

OIL CONSERVATION DIVISION P.O. Box 2088

MAR 1 0 1993

DISTRICT II	•	,		P.O. Bo	x 2088	111111	1 9 1000		
P.O. Drawer DD, Artesia, NM 88210		Sa	nta Fe,	New Me	exico 87504-2088	0	C.D.		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410						TION	at James		
1000 Rio Brazos Rd., Aziec, 1414 67416	REQU	EST FO	OR AL	LOWAE	LE AND AUTHORIZAT	11011			
I	T	O TRA	NSPC	HI OIL	AND NATURAL GAS	Well A	Pl No.		
Operator						ł			
Mack Energy Corporati	on					J			
Address			1050				_		
P.O. Box 1359, Artesi	a, NM	88211	-1359		X Other (Please explain)	Eff	ective 3/	/1/93	
Reason(s) for Filing (Check proper box)		~ !	Т	ter of:	Change well nam	e from	n Tidewate	er Stat	e to
New Well		Change in	Dry Gas		Tidewater K Sta	te.			
Recompletion	Oil Garinahaad	.c 🗀	Condens		IIdewater k bea				
Change in Operator X	Casinghead				151 Artogia NM	88210			
If change of operator give name and address of previous operator Kenn	edy Oil	L Co.,	Inc.	, Box	151, Artesia, NM	00220			
II. DESCRIPTION OF WELL	AND LEA	SE						1.	ase No.
Lease Name		Well No.	Pool Na	me, Includi	ng Formation	Carta I	(Lease	E-566	
Tidewater K State		2	Gray	burg J	<u>ackson SR QN GB SA</u>	.]		1 5-300	10
Location						_	199	Wost	Line
Unit Letter L	: 198	80	Feet Fro	m The <u>Sc</u>	uth Line and 660	Fe	et From The	WESL	
				215	NMPM, Eddy	•			County
Section 2 Township	<u>17S</u>		Range	31E	, NMPM, Eddy				
	anoneri	D OE O	TT A NIT	NATH	DAL GAS				
III. DESIGNATION OF TRAN		or Conde	IL AIN	J NATU.	Address (Give address to which	approved	copy of this form	is to be ser	น)
Name of Authorized Transporter of Oil	X .	Of Condo		لبا	DO Drawer 159.	Artes	ia. NM 8	8211	
Navajo Refining Company Navajo Refining Company Or Dry Gas					Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casing	Jieau Cas	لیکا	0. 2.,		10 Desta Drive Ea	st. M	idland 79	705	
Conoco, Inc. If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	1	When	7		
give location of tanks.	I. I	2	175	31E	Yes		1963		
If this production is commingled with that	from any oth	er lease or	pool, giv	e comming	ing order number:				
IV. COMPLETION DATA					<u></u>		Plug Back Sa	ma Dae'y	Diff Res'v
	an	Oil Wel	1 0	ias Well	New Well Workover	Deepen	Flug Back Se	life Ves ,	
Designate Type of Completion		<u>.L</u>			Total Depth		P.B.T.D.		1,
Date Spudded	Date Comp	l. Ready to	o Prod.		Total Depar				
					Top Oil/Gas Pay	Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation								
	<u></u>				L		Depth Casing S	hoe	
Perforations					•				
		UDING	CASIN	IG AND	CEMENTING RECORD		·		
	CASING & TUBING SIZE				DEPTH SET	SACKS CEMENT			
HOLE SIZE	UAG	MIC U I	301140						
	 					<u>·</u>			
							l		
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE				1	G.II 24 hour	. · 1
OIL WELL (Test must be after r.	ecovery of 10	tal volume	of load o	il and must	be equal to or exceed top allowal	ble for this	depin or be jor.	Juli 24 now	3./
Date First New Oil Run To Tank	Date of Tes				Producing Method (Flow, pump,	gas iyi, e	ic.)	2-1/10	1 ID-3 2-93
					a B		Choke Size/	ouru	2 93
Length of Test	Tubing Pre	Sure			Casing Pressure			5-10	<i>(' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '</i>
					Water - Bbis.		Gas-MCF CAA OF		
Actual Prod. During Test	Oil - Bbls.				AMEL - DOIR		1	my .	
·	<u> </u>				l				
GAS WELL							Gravity of Con	denesia	
Actual Prod. Test - MCF/D	Length of	lest			Bbls. Condensate/MMCF		Gravity of Con	GEDENIC	
Actual 1100 100				•			Choke Size		
Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)	CHORE SIZE			
Tesaug Medica (passival)							<u> </u>		
VI. OPERATOR CERTIFIC	ATE OF	COMI	DITAN	CE	211 22112		TION D	MICIO	IA.
VI. OPERATOR CERTIFIC	ATE OF	COMM	. LATAI V		OIL CONS	EHV	ALIOND	111210	1.4
I hereby certify that the rules and regula	that the infor	mation giv	rvauou en ahove		11		4003		
Division have been complied with and is true and complete to the best of my k	mat the moon mowledge an	nd belief.	CH EDOVO		Date Approved	MAR	1 2 1993		
is the and complete to the ocal or my									
	1				By ORIGINA	SIGN	ED BY		
Cusa D. Carle									
Signalure Crissa Carter Production Clerk					MIKE WILLIAMS SUPERVISOR, DISTRICT IT				
Printed Name			Title		Title SUPERV				
3/5/93	(505)	748-1	1288						
Date		Tele	ephone N	o.	<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.