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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 **RECEIVED**

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

OIL CONSERVATION DIVISION MAR 10 1993
P.O. Box 2088
Santa Fe, New Mexico 87504-2088
Q. C. D.
ADVISOR

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Mack Energy Corporation	Well API No.
Address P.O. Box 1359, Artesia, NM 88211-1359	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Other (Please explain) Effective 3/1/93 Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate Change well name from State B to State BK.	
If change of operator give name and address of previous operator Kennedy Oil Co., Inc., Box 151, Artesia, NM 88210	

II. DESCRIPTION OF WELL AND LEASE

Lease Name State BK	Well No. 2	Pool Name, including Formation Grayburg Jackson SR ON GB SA	Kind of Lease State, REGULATORY REGULATORY	Lease No. B-3627
Location Unit Letter M : 660 Feet From The South Line and 539 Feet From The West Line Section 19 Township 17S Range 31E , NMPM , Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Navajo Refining Company	<input checked="" type="checkbox"/> Oil or <input type="checkbox"/> Condensate	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, NM 88211				
Name of Authorized Transporter of Casinghead Gas Conoco, Inc.	<input checked="" type="checkbox"/> Casinghead Gas or <input type="checkbox"/> Dry Gas	Address (Give address to which approved copy of this form is to be sent) 10 Desta Drive East, Midland, TX 79705				
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 19	Twp. 17S	Rge. 31E	Is gas actually connected? Yes	When? 1961

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)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> Diff Res'v
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 Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size posted IO-3 3-12-93
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF chg of

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 Production Clerk
Printed Name Title
3/5/93 (505) 748-1288
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAR 12 1993**

By **ORIGINAL SIGNED BY
MIKE WILLIAMS**
Title **SUPERVISOR, DISTRICT II**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.