

District I  
PO Box 1980, Hobbs, NM 88241-1980  
District II  
811 S. 1st Street Artesia, NM 88210-1404  
District III  
1000 Rio Brazos Rd, Aztec, NM 87410  
District IV  
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
PO Box 2088  
Santa Fe, NM 87504-2088

Form C-104  
Revised February 10, 1998  
Instructions on back  
Submit to Appropriate District Office  
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator Name and Address <b>Webb Oil Company P.O. Box 1124 ARTESIA, NM 88211-1124</b>		OGRID Number <b>036990</b>
		Reason for Filing Code <b>CH - Effective 10/1/97</b>
API Number <b>30-015-04107</b>	Pool Name <b>Square Lake Grayburg San Andres</b>	Pool Code <b>57570</b>
Property Code <b>22479</b>	Property Name <b>Square Lake 12 Unit</b>	Well Number <b>110</b>

II. Surface Location

UL or lot no. <b>F</b>	Section <b>7</b>	Township <b>17S</b>	Range <b>30E</b>	Lot. Idn	Feet from the <b>1650</b>	North/South Line <b>N</b>	Feet from the <b>1650</b>	East/West Line <b>W</b>	County <b>Eddy</b>
---------------------------	---------------------	------------------------	---------------------	----------	------------------------------	------------------------------	------------------------------	----------------------------	-----------------------

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
Lease Code <b>F</b>	Producing Method Code <b>INJ</b>	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description

IV. Produced Water

POD	POD ULSTR Location and Description
-----	------------------------------------

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement <b>ported 70.3 2-13-98 C. H. G. O.</b>	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	A O F	Test Method

I hereby certify that the rules 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. Signature: <b>Rodney B. Webb</b>		OIL CONSERVATION DIVISION	
Printed name: <b>Rodney B. Webb</b>		Approved by: <b>SUPERVISOR, DISTRICT II</b>	
Title:		Approval Date: <b>JAN 29 1998</b>	
Date: <b>1-21-98</b>	Phone: <b>(505)748-2081</b>		
If this is a change of operator fill in the OGRID number and name of the previous operator.		Name: <b>Mack Energy Corp.</b> OGRID #: <b>013837</b>	
Previous Operator Signature <b>Crissa D. Carter</b>	Printed Name <b>Crissa D. Carter</b>	Title <b>Production Clerk</b>	Date <b>1/21/98</b>

Submit 5 Copies  
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

SEP 01 1992

O. C. D.  
OIL CONSERVATION DIVISION

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Mack Energy Corporation ✓		Well API No.
Address P.O. Box 276, Artesia, NM 88210		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Effective 8/1/92 Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator Marbob Energy Corporation, P. O. Drawer 217, Artesia, NM 88210		

II. DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease <del>XXX</del> Federal or <del>XXX</del>	Lease No.
Lease Name SQUARE LAKE 12 UNIT		110	SQUARE LAKE GRBG SA		LC-061483
Location Unit Letter F : 1650 Feet From The N Line and 1650 Feet From The W Line Section 7 Township 17S Range 30E, NMPM, EDDY County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	WIW					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
If this production is commingled with that from any other lease or pool, give commingling order number:						

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion - (X)									
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.)		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tank	Date of Test		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
		posted T.D. 3 9-11-92 Chgs Op	

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test		
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.	
Signature Rhonda Nelson	Production Clerk
Printed Name Rhonda Nelson	Title
Date 8/28/92	Telephone No. 748-3303

OIL CONSERVATION DIVISION	
Date Approved	SEP 1 1992
By	ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II
Title	

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.