Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

Revised 1-1-89
See Instructions
at Bottom of Page SEP 0 1 1992

## OIL CONSERVATION DIVISION

P.O. Box 2088 New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Antesia, NM 88210	P.O. B Santa Fe, New M	30x 2088 1exico 87504-2088		O. C. D.	_		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	DEOUEST FOR ALLOWA		TION	MARIA CHEV,			
I. Operator	/		Well A	Pl No.			
Mack Energy Corpora	ation√		L				
Address P.O. Box 276, Arte	sia, NM 88210	Other (Please explain)					
Reason(s) for Filing (Check proper box)	Change in Transporter of:	٠					
New Well Recompletion	Oil Dry Gas	Effective 8/1	/92				
Constant KX	Casinghead Gas Condensate	D 2 Denver 217	Artesi	a. NM 88	210		
If change of operator give name and address of previous operator Marb	ob Energy Corporation,	P. O. Drawer 217,	AI CCDI	<u> </u>		<del></del>	
II. DESCRIPTION OF WELL	AND LEASE   Well No.   Pool Name, Include	ling Formation		Lease	Lease	No.	
Lease Name ETZ B STATE	Mell 140"   1 001 1481151 1119411	KSON SR Q GRBG SA	State,X	TKAKIN KAKXI KEX	в-8838		
Location Unit LetterG	: 1650 Feet From The	N Line and2310	) Fee	et From The			
Section 16 Township	p 17S Range 30E	, NMPM,		EDDY		County	
III. DESIGNATION OF TRAN	SPORTER OF OIL AND NATU	IRAL GAS Address (Give address to which	approved	copy of this form	is to be sent)	•	
Name of Authorized Transporter of Oil	or Condensate						
SI Name of Authorized Transporter of Casing	SI  Address (Give address to which approved copy of this form is to be sent)  of Authorized Transporter of Casinghead Gas  or Dry Gas  Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.	0	Is gas actually connected? When ?					
If this production is commingled with that f	from any other lease or pool, give comming	ling order number:					
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back   San	ne Res'v Di	II Res'v	
Designate Type of Completion	· (X)	Total Depth		P.B.T.D.			
Date Spadded	Date Compl. Ready to Prod.						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth			
Perforations			_	Depth Casing Si			
	TUBING, CASING AND	CEMENTING RECORD		040	VO CEMENT	. <del> </del>	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT  Posted IP-3			
				9-11-92			
				lhg &			
	TEOD ALLOWABLE			l <u></u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after re	ST FOR ALLOWABLE ecovery of total volume of load oil and mus	the equal to or exceed top allowa	ble for this	depth or be for fi	ull 24 hours.)		
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump	, gas 191, ei	·. <i>,</i>			
Length of Test	Tubing Pressure	Casing Pressure		Choke Size			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.		Usa- MCI			
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensale/MMCl <sup>2</sup>		Gravity of Condensate			
losting Method (pitot, back pr.)	Tubing Pressure (Shul-in)	Casing Pressure (Shut-in)		Clioke Slze			
VI. OPERATOR CERTIFIC.	ATE OF COMPLIANCE	OIL CONS	ERVA	TION DI	VISION		
I hereby certify that the rules and regula	eep 1 1992						
is true and complete to the best of my k	nowledge and belief.	Date Approved	RIGINA		V ·	-	
I honda I	By	By MIKE WILLIAMS SUPERVISOR, BISTR					
Signature Rhonda Nelspn	Production Clerk Tide	Title					
Printed Nache 8/95	748-3303 Telephone No.	. ,	•			, , , , , , , , , , , , , , , , , , , ,	
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- 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
- 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.