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

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

State of New Mexico Energy, Minerals and Natural Resources Department

See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

SEP 0 1 1992 O. C. D.

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REC	UEST F	OR AL	LOWAI	BLE AND AND NA	AUTHORI TURAL G			;¢		
I. Operator		/	11101	3111 311			Well	API No.			
Mack Energy Corpor	ation,	/									
Address P.O. Box 276, Arte			10			lier (Please expl	aie)				
Reason(s) for Filing (Check proper box)			'Y e	wier of		net (Lieaze exh	auty				
New Well	61	Change is	Dry Ga	1 1	Ef	fective 8	/1/92				
Recompletion KX	Oil Casingh	ead Gas	-								
Change in Operator (March	ob Fre	orau Co	rnora	tion.	P. O. D.	rawer 217	, Artes.	ia, NM 8	8210		
and addiese or biotions about			<u> 1 por a</u>	<u> </u>							
							of Lease	Lease Lease No.			
Lease Name ETZ STATE		26			SON SR Q GRBG SA State,			FXXXXXXXXX	B-936	á	
Location					-	0.			T T	Line	
Unit Letter K	_ :	1625	_ Feet Fr	om The	3Li	ne and26	530 Fe	et From The	W	Lane	
. Section 16 Township	<u> </u>	.7S	Range	301	1.	имгм,		EDDY		County	
	CDADT	ED OE O	II. ANI	D NATU	RAL GAS						
HI. DESIGNATION OF TRANSPORTER OF OIL AND NATUI Name of Authorized Transporter of Oil					Nouices (Girls and Girls a						
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Gi	ve address to wi	tich approved	copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	ls gas actual	ly connected?	When	7			
If this production is commingled with that i	iom any o	dier lease or	pool, giv	e comuningl	ing order nun	nber:					
IY. COMPLETION DATA		Oll Wel		Jas Well	New Well		Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	· (X)	Ļ			Total Depth		l	P.B.T.D.			
Date Spadded	Date Con	npl. Ready to	o Prod.		Total Dopa.						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations	<u></u>				l			Depth Casing	Shoe		
		TUDING	CASIN	IG AND	CEMENT	ING RECOR	D	<u> </u>			
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE				CENTALITY	DEPTH SET		SACKS CEMENT				
HOLE SIZE	CASING & TODING CILL							Posta	Posted # 0-5		
								2 ha 60			
								ade			
V. TEST DATA AND REQUES	TFOR	ALLOW	ABLE		L		+				
V. TEST DATA AND REQUES OIL WELL Test must be after re	covery of	iotal volume	of load o	il and must	be equal to o	r exceed top alle	owable for thi	depth or be fo	r full 24 hour	5.)	
Date First New Oil Run To Tank	Date of T	est			Producing iv	leutod (Flow, p	emp, gas tyt, e	Choke Size			
Length of Test	Tubing Pressure				Casing Pressure			Gas-MCF			
Actual Prod. During Test	Oil - Bbls	<u>.</u>			Water - Bbla	L		Gat- MCI	,		
	L				I						
GAS WELL Actual Prod. Test - MCIVD	Length of Test				Bbls. Condensate/MMCl ²			Gravity of Condensate			
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
		7.601.45	NE FART	CE		<u></u>			W. (1010	N.I.	
VI. OPERATOR CERTIFICA	ATE O	F COM	TIAN	CE	(OIL CON	ISERVA	A HON D	11/1510	'IN	
I hereby certify that the rules and regula	tions of the	e Oil Conser omission giv	VALIOU				0-	n · a 101	22		
Division have been complete with and is it is true and complete to the best of my k	nowledge	and belief.			Dale	Approve	d <u>SE</u>	P 1 199	74.		
Jehonda Willow					ORIGINAL SIGNED BY						
Signature Rhonda Nelson Production Clerk					MIKE WILLIAMS SUPERVISOR, DISTRICT II						
Printed Name		74	Tide 8–330.	3	Tille						

ig all althe deptembers and appelled to the control of the proceedings when the desire a

- 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.

Telephone No.

- 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.