Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

Revised 1-1-89
See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

O. C. D.

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	DEOL		ALLOWA		AUTHOR	ZATION [†]	O. C. D.	٣		
•	HEQU	-0 TD 4 NG		AND NA	TURAL G	AS				
I. TO TRANSPORT OIL AND NATUR						Well API No.				
Mack Energy Corporation					30-015-01375					
Address		88211-	1350							
P.O. Box 1359, Arte	sia, NM	88211-	1339	Ot	her (Please exp.	lain)		 		
Reason(s) for Filing (Check proper box) New Well		Change in Tra	nsporter of:	ليا		•				
Recompletion	Oil		Gas	E	Effective	1/1/93				
Change in Operator	Casinghead		ndensate							
			ration, l	Р.О. Вох	548, Ar	tesia, l	NM 88211-	0548	 	
II. DESCRIPTION OF WELL	AND LEA	SE								
Lease Name	Well No. Pool Name, Including				· · · · · · · · · · · · · · · · · · ·	Kind	VVVV		ase No.	
Aztec Federal		2 R	ed Lake-Q	N-GB-SA	·	Astates	NM-012896			
Unit Letter B	: 990) Fee	t From The $\frac{NC}{C}$	orth Li	ne and23	10 F	et From The	East	Line	
Section 15 Township	, 17S	Rai	nge 28E	, N	IMPM,		Eddy		County	
III DEGIGNATION OF TRAN	SPORTFI	R OF OIL	AND NATII	RAL GAS						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATULE Name of Authorized Transporter of Oil X or Condensate					Address (Give address to which approved copy of this form is to be sent)					
Navajo Refining Company					P.O. Drawer 159, Artesia, NM 88211-0159					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas				Address (Give address to which approved copy of this form is to be sent)						
GPM Gas Corporation	PM Gas Corporation				4001 Penbrook, Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	G		7s 28E	ls gas actually connected? When						
If this production is commingled with that if	rom any othe	r lease or pool	give commingl	ing order num	ıber:					
IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Designate Type of Completion	- (X)	1	Out Wen			i	iii_			
Date Spudded	Date Compl	. Ready to Pro	d.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
							Depth Casing Shoe			
Perforations							'			
	T	UBING, CA	SING AND	CEMENTI	ING RECOF	SD.				
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	TEODA	LLOWARI	F	<u> </u>						
OIL WELL (Test must be after re	ecovery of tol	al volume of lo	ad oil and must	be equal to o	r exceed top all	lowable for thi	s depth or be for	full 24 hour	s.)	
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test					Deschooling Mathod (Flow numn age lift etc.)					
				Casing Pressure			Choke Size	oster	20-5	
Length of Test	Tubing Pressure						1000	Choke Size 1-15-93 Gas-MCF 2/2 200		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Cas- Mer Eng of			
GAS WELL	.L re-									
Actual Prod. Test - MCF/D	Length of T	'est		Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
	1 mm 0=	GO! (5) 1	ANCE	1			1	.		
VI. OPERATOR CERTIFIC				(OIL CON	NSERV	ATION DI	VISIO	Ν	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above										
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved					
Λ				Dale	o , thhi o se	·				
(risa) Carter					ORIG	INAL SIG	NED RY			
Signature Production Clark				By ORIGINAL SIGNED BY MIKE WILLIAMS						
Crissa Carter Production Clerk Printed Name Title					Title SUPERVISOR, DISTRICT IF					
1/4/93	(505)	748-128	8							
Date		Telephon	e No.	11						

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.