

CMD :
OG6IPRD

ONGARD
INQUIRE PRODUCTION BY POOL/WELL

01/26/98 10:57
OGOJNS -T
Page No:

OGRID Identifier : 13837 MACK ENERGY CORP
Pool Identifier : 22230 EMPIRE; YATES-SEVEN RIVERS
API Well No : 30 15 1498 Report Period - From : 01 1997 To : 12 1997

| API Well No | Property Name | Prodn. Days MM/YY Prod | Production Volumes Gas Oil Water | W |
|-------------|---------------|---------------------------|-------------------------------------|---|
| 30 15 1498 | GULF STATE -3 | 08 97 | | |
| 30 15 1498 | GULF STATE | 09 97 | | S |
| 30 15 1498 | GULF STATE | 10 97 | | |

22-17-28

Reporting Period Total (Gas, Oil) : 78 168

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIR
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

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|-------------|---------------|---------------------------|-------------------------------------|-----|----|
| 30 15 1498 | GULF STATE | 01 97 | | | |
| 30 15 1498 | GULF STATE | 02 97 | | | |
| 30 15 1498 | GULF STATE | 03 97 31 | 7 | | 34 |
| 30 15 1498 | GULF STATE | 04 97 30 | 21 | | 33 |
| 30 15 1498 | GULF STATE | 05 97 31 | 23 | | 34 |
| 30 15 1498 | GULF STATE | 06 97 30 | 21 | | 33 |
| 30 15 1498 | GULF STATE | 07 97 31 | 6 | | 34 |

Reporting Period Total (Gas, Oil) :

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LTR



Job separation sheet

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

RECEIVED

MAR 03 1993

O. C. D.

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | |
|--|---|-------------------------------------|
| Operator Mack Energy Corporation | | Well API No. |
| Address P.O. Box 1359, Artesia, NM 88211-1359 | | |
| Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) | | |
| New Well <input type="checkbox"/> | Change in Transporter of: | |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | To show corrected Lease Number from |
| Change in Operator <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | B-1069 to B-1969. |
| If change of operator give name and address of previous operator | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|---|--|---------------------|
| Lease Name Gulf State | Well No. 3 | Pool Name, Including Formation Empire Yates Seven Rivers | Kind of Lease State, Pool, or Field | Lease No. B-1969 |
| Location Unit Letter C : 1018 Feet From The North Line and 1642 Feet From The West Line Section 22 Township 17S Range 28E, NMPM, Eddy County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|------------|-------------|-------------|----------------------------------|--------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, NM 88211-0159 | | | | | |
| 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 C | Sec. 22 | Twp. 17S | Rge. 28E | Is gas actually connected? No | When ? |

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) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | 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 |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas- MCF |

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.

Signature
Crissa D. Carter
Printed Name
3/2/93
Date
Production Clerk
(505) 748-1288
Title
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 10 1993

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.

