

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, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator Name and Address Rodney B. Webb dba/ Webb Oil Company P.O. BOX 1124 ARTESIA, NM 88211-1124		OGRID Number 036990
		Reason for Filing Code CH - Effective 8/1/96
API Number 30-015-20017	Pool Name RED LAKE QUEEN GRAYBURG SA	Pool Code 51300
Property Code 19474	Property Name AZTEC FEDERAL	Well Number 4

II. Surface Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
A	15	17S	28E		990	NORTH	979	EAST	EDDY

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 F	Producing Method Code P	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
015694	Navajo Refining Company P.O. Box 159 Artesia, NM 88211-0159	1217110	O	RECEIVED SEP 03 1996 OIL CON. DIV. DIST. 2
009171	GPM Gas Corporation 4001 East Penbrook Odessa, TX 79762	1217130	G	

IV. Produced Water

POD 1217150	POD ULSTR Location and Description
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	
			Port ID-3	
			9-20-96	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	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: Rodney B. Webb		OIL CONSERVATION DIVISION Approved by: SUPERVISOR, DISTRICT II	
Printed name: Rodney B. Webb		Title:	
Title: Owner		Approval Date: SEP 13 1996	
Date: 9-3-96	Phone: (505)748-2081		

If this is a change of operator fill in the OGRID number and name of the previous operator.		Name: Mack Energy Corporation	OGRID #: 013837
Previous Operator Signature Crissa D. Carter	Printed Name Crissa D. Carter	Title Production Clerk	Date 9-3-96

1000

1000

1000

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

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Mack Energy Corporation	Well API No. 30-015-20017
Address P.O. Box 1359, Artesia, NM 88211-1359	
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 1/1/93 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 Arrowhead Oil Corporation, P.O. Box 548, Artesia, NM 88211-0548	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Aztec Federal	Well No. 4	Pool Name, Including Formation Red Lake-QN-GB-SA	Kind of Lease State , Federal or XXX	Lease No. NM-012896
Location Unit Letter <u>A</u> : <u>990</u> Feet From The <u>North</u> Line and <u>979</u> Feet From The <u>East</u> Line Section <u>15</u> Township <u>17S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> 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"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, NM 88211-0159					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 15	Twp. 17S	Rge. 28E	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

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 <u>posted ID-3</u> <u>1-15-93</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF <u>Chg EP</u>

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.

Crissa D. Carter
Signature
Crissa Carter
Printed Name
1/4/93
Date
Production Clerk
(505) 748-1288
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 12 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.