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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions

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

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe New Mexico, 87504-2088

1992

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		JEST FOR	R ALL	.OWAE		AUTHORI		0.C.	I. Hart F		
I. TO TRANSPORT OIL AN						ND NATUHAL GAS Well API No.					
Operator Mach Engrav Corporate	ion /										
Mack Energy Corporat: Address											
P.O. Box 1359, Artes	ia, NM	88211-	1359		Oth	her (Please explo	zin)				
Reason(s) for Filing (Check proper box) New Well		Change in Ti	ransport	er of:		nei (r ieuse exp.	,				
Recompletion	Oil		ry Gas		E	EFFECTIVE	DECEMBI	ER 1, 199	2		
Change in Operator	Casinghea	d Gas 🔲 C	Condensa	ate 🗌							
If change of operator give name and address of previous operator Arms	trong I	Energy C	orpo	ration	P.O.	Box 1973	, Roswe	11, NM 8	8201		
II. DESCRIPTION OF WELL				Vind o			-f.1	of Lease No.			
ease Name		Well No. Pool Name, Includi 7 Square La			_			Federal or Fee NM-012764			
Nunlee Federal		l/l_	<u> </u>	are La	ike G DZ						
Unit LetterJ	. ii	1980 F	eet Froi	m The	South Li	ne and <u>198</u>	0 F	eet From The _	East	Line	
Section 27 Township	169	5 R	Range	30E	<u>, N</u>	NMPM,	Eddy			County	
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND	NATU	RAL GAS						
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 Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casinghead Gas					4001 Penbrook, Odessa, TX 79762					ini)	
GPM Gas Corporation If well produces oil or liquids,	Unit	Sec. Twp. Rge.			· · · · · · · · · · · · · · · · · · ·						
give location of tanks.	0				Yes			March 5, 1975			
If this production is commingled with that in IV. COMPLETION DATA	rom any oth	ner lease or po	ol, give	commingl	ing order num	nber:					
Deliner Tono of Completion	OV)	Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion		pl. Ready to P			Total Depth	<u> </u>	J	P.B.T.D.			
Date Spudded	Date Com	pi. Ready to r	100.		rous Depai			F.B.1.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Perforations					Top Oil/Gas Pay			Tubing Depth			
								Depth Casing Shoe			
		TUBING, C	ASIN	G AND	CEMENT	ING RECOR	D				
HOLE SIZE						DEPTH SET		SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR A	ALLOWA	BLE								
OIL WELL (Test must be after re	covery of to	otal volume of	load oil	and must					r full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.) Casing Pressure Choke Size Poster ID - 12 - 31 - 92						
Length of Test	Tubing Pressure			Casing Pressure			Choke Size [ia-	-31-92		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF	Ging	op		
GAS WELL	L										
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size	Choke Size			
VI. OPERATOR CERTIFIC I hereby certify that the rules and regulativision have been complied with and is true and complete to the best of my leading to the best of the best o	ations of the	Oil Conserva	tion	CE		OIL CON				NC	
	C					C / IPP/046					
Signature	LECT!	<u> </u>			∥ By_	ומופת	NAI CIE	NED BY			
<u> Črissa Carter Production Clerk</u>					ORIGINAL SIGNED BY MIKE WILLIAMS						
Printed Name 12/22/92 Date	(505	748-12			Title	"	AVISOR,	DISTRICT I	F		

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.