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

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe New Mexico 87504-2088

DISTRICT III			•		TAICO 07.5		, es	THE PROPERTY	_ fi		
1000 Rio Brazos Rd., Aztec, NM 87410	REQU	JEST FC	RAL	LOWAE	BLE AND	AUTHORI	ZATION				
I.		TOTRA	NSPC	ORTOIL	AND NA	TURAL GA	45 Well .	API No.			
Operator Mack Energy Corporat:	ion	/									
Address	LOII										
P.O. Box 1359, Artes	ia, NM	88211-	-1359)		(0)					
Reason(s) for Filing (Check proper box)		Change in '	Tmanno	der of:		ner (Please expl	ain)				
New Well Recompletion	Oil	Change in	Dry Gas		Œ	FFECTIVE	DECEMBI	ER 1, 199	2		
Change in Operator X	Casinghea		Conden								
If change of operator give name	trong F	nerov (Corne	oration	n. P.O.	Box 1973	, Roswe	11, NM 8	38201		
			OOL P.	<u> </u>							
II. DESCRIPTION OF WELL Lease Name	AND LE	Well No.	Pool Na	me. Includi	ng Formation		Kind	of Lease	L	ease No.	
Nunlee Federal		8			ake G-SA		State	Federal or Fee	NM-0	12764	
Location		1									
Unit Letter F	_ :	2310	Feet Fr	om The	North Lin	ne and19	80 F	eet From The _	West	Line	
Section 27 Townshi	p 169	2	Range	301	Z N	імрм, Е	ddy			County	
Section 2/ Townshi	100	· · · · · ·	Kungo								
III. DESIGNATION OF TRAN	SPORTE			D NATU	RAL GAS		high annual	d come of this fo	rm is to he .	ent)	
Name of Authorized Transporter of Oil X or Condensate									copy of this form is to be sent)		
Navajo Refining Compa Name of Authorized Transporter of Casin	X	or Dry	Gas [Address (Gi	ive address to w	hich approved	copy of this fo	copy of this form is to be sent)			
GPM Gas Corporation	(A) 0. 2., 000			4001 Penbrook, Odessa,							
If well produces oil or liquids,	Unit		Twp.	_	1 -	lly connected?	When		1 1077		
give location of tanks.	0		16S	30E	Yes			August 1	/ , 19//	<u></u>	
If this production is commingled with that IV. COMPLETION DATA	irom any ou	ner lease or p	xooi, giv	e commingi	ing order num	nber:	 				
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u> </u>				l	<u></u>	<u> </u>			
Date Spudded	Date Com	pl. 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		
		ELIDINIC	C + CII	VIC AND	CEMENT	INC DECOR	D				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				CEIVIEN 1.	DEPTH SET		S	SACKS CEMENT		
HOLE SIZE	- CA	SING & TO	billa	<u> </u>	1	DEI TIT GET					
V. TEST DATA AND REQUES	ST FOR	ALLOWA	BLE		<u>-</u>						
OIL WELL (Test must be after r	ecovery of to	otal volume	of load	oil and must	be equal to o	r exceed top all	owable for th	is depth or be fo	or full 24 hou	urs.)	
Date First New Oil Run To Tank	Date of Te				Producing M	Method (Flow, p	ump, gas lift,	elc.)			
					Casing Press			Choke Size	posie	850-31-92	
Length of Test	Tubing Pro	essure			Casing Fless	Suic		,	12.	31.72	
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF	Tho	200		
-											
GAS WELL											
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	ensate/MMCF		Gravity of C	ondensate		
	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
Testing Method (pitot, back pr.)	Tubing PT	raonic (2000)	ui j		Casing 1108	one (one in)					
VI. OPERATOR CERTIFIC	ATE OF	COMP	IIAN	JCF.	<u> </u>	- 					
I hereby certify that the rules and regul				ICL		OIL CO	NSERV	NOITA	DIVISIO	NC	
Division have been complied with and	that the info	ormation give		•				^ -			
is true and complete to the best of my	knowledge a	and belief.			Dat	e Approve	ed D	EC 3 0 1	392		
(Ain)	a.T.					* •	,				
Signature	- · · · · ·		······································		∥ By_		INAL SIC				
<u> Črissa Carter</u>	Prod	uction		k		MIKE	WILLIAN	AS	ıė		
Printed Name	(505) 748-1	Title		Title	e SUPI	RVISOR,	DISTRICT	11		
12/22/92 Date	دوري		phone N	₩o.							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.