District I PO Box 1980, Hobbs, NM 88241-1980 District II

Title: Date:

Previous Operator Signature

Form C-104
Revised February 10, 1994
Instructions on back
Appropriate District Office opies

District III 1000 Rio Braz		NM 88211-071	,		SERVATION PO Box 208	88		Sub	mit Approp	Instructions or priate District (
District IV PO Box 2088,				Santa	Fe, NM 875	04-2088	3		, vy	5 C MENDED REI	
I.		REQUES	T FOR	ALLOWA	BLE AND A	UTHO	RIZAT	TOT NOT	RANSPOR	.T	
Operator name and Address Mack Energy Corporation P.O. Box 960					35				¹ OGRID Number 013837		
		88211-	0960			i			3 Reason for Filing Code		
' API Number 30 - 015-26340 ' Property Code			Cave San Andres, West					RC 96 Prod Code 11400 'Well Number		Pool Code	
15854 I. 10 Surface Locatio			Big George State						,	2	
Ul or lot no.	Section	Township	Range	Lot.Idn	E de						
J	12	178	28E	Locate	Feet from the	1	uth Line	Feet from the	East/West line	County	
		Hole Loc	ation		2080	Sou	th	1980	East	Eddy	
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/Sc	nth line I	E. A.C. at	I		
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S	P						1		(.,	129 Expiration Dat	
I. Oil ar	nd Gas	Fransport									
OGRID	ter	19 -	Transporter and Addres	Name 18	³⁴ РО	D	²¹ O/G	В	POD ULSTR Loc	cation	
015694	N	Navajo Refining Company							and Description	and Description	
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1046756 Well Co	op 0 Ompletio	Un	it J:	12-17S-28	→ POD ULS	TR Location	and Desc				
Well Co	Ompletio	Un.	4 Ready Date		[™] POD ULS BE [™] TD	TR Location					
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1046756 Well Co Spud: 10-16-94	op 0 ompletio Date 4 Hole Size	Un.	* Ready Date	e sing & Tubing Si	л то 7920'			riptioa	²⁹ Pc	-7048 '	
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Printed Name

Title

State of New Mexico Energy, Minerals & Natural Resources Department

New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15,025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

1. Operator's name and address

2.

3.

5.

6.

7

8.

9.

11.

12.

4.

5

6. 7.

- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
- Reason for filing code from the following table:

 NW New Well

 RC Recompletion

 CH Change of Operator

 AO Add oil/condensate transporter

 CO Change oil/condensate transporter

 AG Add gas transporter

 CG Change gas transporter

 RT Request for test allowable (Include volume requested)

 - AG CG RT

requested)
If for any other reason write that reason in this box.

- 4. The API number of this well
 - The name of the pool for this completion
 - The pool code for this pool
 - The property code for this completion
 - The property name (well name) for this completion
 - The well number for this completion
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10
 - The bottom hole location of this completion
 - Lease code from the following table:
 - S

 - ge from the follow Federal State Fee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table:
 F Flowing
 P Pumping or other artificial lift 3.

 - MO/DA/YR that this completion was first connected to a gas transporter

 - The permit number from the District approved C-129 for this completion
 - MO/DA/YR of the C-129 approval for this completion
 - - MO/DA/YR of the expiration of C-129 approval for this
- 8. The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 9.
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. Э.
- ١. Product code from the following table:
 - Oil Gas

- T! e ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.) 22.
- 23. The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well
- Plugback vertical depth 28.
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and
- 33 Number of sacks of cement used per casing string

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- 34. MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- 39. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 42 Barrels of water produced during the test
- 43. MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- 45. The method used to test the well:

 - F Flowing
 P Pumping
 S Swabbing
 If other method please write it in.
- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 46.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.