Submit 5 Copies
Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Antesia, NM 88210

Perforations

HOLE SIZE

State of New Mexico Energy, Minerals and Natural Resources Department

SET - 1 1992

**ILLCEIVED** 

See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

i. . . . D.

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQU	EST FOR A	ALLOWAE	BLE AND	AUTHORIZ	ZATION			
I.	T	OTRANSF	ORT OIL	AND NA	TURAL GA	\S			
Operator		/				Well /	TI No.		
Mack Energy Corpora	tion	<b>√</b>	<del> </del>						
Address	. :								
P.O. Box 276, Artes	sia, NM	88210			r (Please expla	:-1	<u></u>		
Reason(s) for Filing (Check proper box)					it (riease expia	un)			
New Well Change in Transporter of:  Change in Transporter of:  Effective 8/1/92									
Recompletion	Oil	☐ Dry (	,	LILL	CCCIVC 07	., 32			
Change in Operator	Caringhead		ensate						
If change of operator give name and address of previous operator Marbo	ob Ener	gy Corpor	ation,	P. O. Dr	<u>awer 217,</u>	, Artesi	a, NM	88210	
•	ANID I IZA	C Tr							
II. DESCRIPTION OF WELL AND LEASE  Well No.   Pool Name, Including Formation						Kind	of Lease		ase No.
Lease Name ROBINSON STATE					GRBG SA	State,	e, Frikniky XrexXX B-7596		
Location									
Unit Letter D : 660 Feet From The N Line and 660 Feet From The W Line									
					AFM,	_	DDY		County
Section 27 Township	175	Rang	c 29E	, 190	ar w.		<u> </u>		
THE DECICAL TION OF TRANS	SDODTES	OF OIL A	ND NATU	RAL GAS					
III. DESIGNATION OF TRANSPORTER OF OIL AND NATUR					Address (Give address to which approved copy of this form is to be sent)				
NAVAJO REFINING CO.				P. O. BOX 159, ARTESIA, NM 88210					
NAVAJO REFINING CO.  Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)							u)		
Marine of Administed Transporter of Casara	1000	السبيا							
If well produces oil or liquids,	Unit	Sec. Twp.	Rge.	is gas actually	connected?	When	?		
give location of tanks.	E	27   17	29			l			
If this production is commingled with that f	rom any othe	r lease or pool, g	ive commingl	ing order numb	er:		. <u></u>		
IV. COMPLETION DATA						<del></del>		1	
Designate Type of Completion -	(X)	Oil Well	Gas Weil	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 Pro	oducing Formation	on	Top Oil/Gas	Top Oil/Gas Pay		Tubing Depth		

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 hour OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas- MCF Water - Bbls. Oil - Bbls. Actual Prod. During Test

TUBING, CASING AND CEMENTING RECORD

CASING & TUBING SIZE

DEPTH SET

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test	Bols, Condensate Whyte:	
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
,,			<u> </u>

## 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 frue and complete to the best of my knowledge and belief.

Signature <u>Production</u> <u>Clerk</u> Rhonda Nelson Title 748-3303 OIL CONSERVATION DIVISION

Date Approved \_\_\_\_SEP = 1 1992 ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT IT

Depth Casing Shoe

SACKS CEMENT

Title.

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.

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.