

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

RECEIVED

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

OIL CONSERVATION DIVISION SEP - 1 1992
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Mack Energy Corporation ✓		Well API No. 30-015-03175
Address P.O. Box 276, Artesia, NM 88210		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Effective 8/1/92	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
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 Marbob Energy Corporation, P. O. Drawer 217, Artesia, NM 88210		

II. DESCRIPTION OF WELL AND LEASE

Lease Name G-J West Coop Unit	Well No. 9	Pool Name, Including Formation Grbg Jackson SR Q Grbg SA	Kind of Lease State XXXXXX	Lease No. B-514
Location Unit Letter <u>K</u> : <u>2310</u> Feet From The <u>south</u> Line and <u>2310</u> Feet From The <u>west</u> Line Section <u>28</u> Township <u>17S</u> Range <u>29E</u> , NMFM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> WIW	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	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, RI, 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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.

Signature Rhonda Nelson Production Clerk
Printed Name Rhonda Nelson Title
Date AUG 28 1992 Telephone No. 748-3303

OIL CONSERVATION DIVISION

Date Approved SEP 1 1992

By MIKE WILLIAMS ORIGINAL SIGNED BY
SUPERVISOR, DISTRICT II
Title _____

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- 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.

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to Appropriate
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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-103
Revised 1-1-89

C15F
lp

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO.
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> WIW		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Marbob Energy Corporation		6. State Oil & Gas Lease No. B-514
3. Address of Operator P. O. Drawer 217, Artesia, NM 82810		7. Lease Name or Unit Agreement Name G-J West Coop Unit
4. Well Location Unit Letter <u>K</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u> Line Section <u>28</u> Township <u>17S</u> Range <u>29E</u> NMPM <u>Eddy</u> County		8. Well No. 9
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3576' GR		9. Pool name or Wildcat Grbg Jackson SR Q Grbg SA
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data		
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: Return to active injection <input checked="" type="checkbox"/>
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.		

1/5/90 RU, RIH w/overshot & workstring, tag plug @ 2610',
pulled plug out of hole.

1/8/90 RIH w/6 1/8" bit and workstring, tagged PBTD @ 2835',
POH w/bit, RIH w/R-4 pkr and new 2 3/8" plastic coated
tbq, circ hole w/pkr fluid @ 2631', set pkr and tstd
csg to 300#--held okay.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Rhonda Nelson TITLE Production Clerk DATE 1/9/90
TYPE OR PRINT NAME Rhonda Nelson TELEPHONE NO. 748-3303

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

JAN 23 1990

CONDITIONS OF APPROVAL, IF ANY: