		-		c151/ -	
Submit 5 Copies	State of Net	ew Mexico real Resources Department	D	evised 1-1-89	
Appropriate Distil Office	Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION		nt at	e Instructions (") Bottom of Page	
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Attesia, NM 88210	OIL CONSERVA P.O. Bo Santa Fe, New Me	ox 2088	SEP 0 1 1992 0. C. D.	0.	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWAB				
I.	TO TRANSPORT OIL	AND NATURAL GAS	Well APL No.		
Operator Mack Energy Corpora	ation				
Address P.O. Box 276, Artes	sia, NM 88210	Other (Please explain)			
Reason(s) for Filing (Check proper box) New Well	Change in Transporter of:	Effective 8/1/	92		
Change in Operator KX If change of operator give name Marb	Casinghead Gas Condensate	. O. Drawer 217, A	rtesia, NM 88210	2	
II. DESCRIPTION OF WELL	AND LEASE			Lease No.	
LEASE NAME OLD LOCO UNIT	Well No. Poor Name, merodu	ng Formulion ON SR Q GRBG SA	Kind of Lease State, Forderstor For E=	7640	
Location Unit LetterE	2310 Feet From The	Line and990.	Feet From The W	Line	
22		•		County	
	SPORTER OF OIL AND NATU	DAT CAS			
Name of Authorized Transporter of Oil	or Condensale				
WIW Name of Authorized Transporter of Casing	ghead Gas or Dry Gas	Address (Give address to which a	pproved copy of this form is to	o 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 commingl	ing order number:			
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover L	Deepen Plug Back Same I	Res'v Diff Res'v	
Designate Type of Completion Date Spudded	Date Compl. 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		
	TUBING, CASING AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT	
			G-11-92		
			Elig of	<u></u>	
V. TEST DATA AND REQUE OIL WELL (Test must be after to Date First New Oil Run To Tank	ST FOR ALLOWABLE recovery of total volume of load oil and must Date of Test	be equal to or exceed top allowat Producing Method (Flow, pump,	le for this depth or be for full gas lift, etc.)	24 howrs.)	
	Tubing Pressure	Casing Pressure	Choke Size	Choke Size	
Length of Test		Water - Bbls.	Gas- MCI ⁺		
Actual Prod. During Test	Oil - Bbls.]	·		
GAS WELL	Length of Test	Bbls. Condensale/MMCF	Gravity of Condens	110	
Actual Prod. Test - MCI/D		Casing Pressure (Shut-in)	Clioke Size	<u></u>	
l'esting Method (pilot, back pr.)	Tubing Pressure (Shut-in)				
VI. OPERATOR CERTIFICATE OF COMPLIANCE Thereby certify that the rules and regulations of the Oil Conservation of the oil Conservation given above		OIL CONSERVATION DIVISION			
I hereby certify that the rules and regulations of the information given above Division have been complied with and that the information given above is the ard complete to the best of my knowledge and belief.		Date Approved SEP 1 1992			
thonda helson		By ORIGINAL SIGNED BY MIKE WILLIAMS			
Signature Rhonda Nelson	Production Clerk	SL SL	PERVISOR. DISTRIC	T II	
Printed Name 8 92	Tide 7 <i>48-3303</i>	Title			
Date	Telephone No.				

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

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

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