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Subnut 5 Copies Appropriate District Office		lew Mexico tural Resources Department	Form C-104 Revised 1-1-89 GT See Instruction
DISTRICT J P.O. Box 1980, Hobbs, NM 88240 DISTRICT JI	OIL CONSERVA	ATION DIVISION	st Bottom of Parepp SEP - 1 1992
P.O. Drawer DD, Anesia, NM 88210 DISTRICT III		exico 87504-2088	
1000 Rio Brazos Rd., Aziec, NM 87410		BLE AND AUTHORIZA	TION
I. Operator			Well API No. 30-015-04063
Mack Energy Corpor			50 015 04005
P.O. Box 276, Arte Reason(s) for Filing (Check proper box) New Well	sia, NM 88210 Change in Transporter of:	Other (Please explain)	
Recompletion Change in Operator	Oil Dry Gas Casinghead Gas Condensate	Effective 8/1/	
If change of operator give name and address of previous operator Mark	oob Energy Corporation,	P. O. Drawer 217, A	rtesia, NM 88210
II. DESCRIPTION OF WELL Leare Name PARKE	Well No. Pool Name, Include	ing Formation KE GRBG SA	Kind of Lease Lease No. State, Federal or Tex LC-029020J
Location Unit LetterH	1980 Feet From The	NORTH Line and 660	Feet From TheLine
Section 3 Townshi	170 - 205		EDDY County
	SPORTER OF OIL AND NATU	RAL GAS	
Name of Authorized Transporter of Oil NAVAJO REFINING CO Name of Authorized Transporter of Casin	X or Condensate	P.O. BOX 159. AF	pproved copy of this form is to be sent) TESIA, NM 88210 pproved copy of this form is to be sent)
If well produces oil or liquids,			When ?
give location of tanks. If this production is commingled with that	from any other lease or pool, give comming	ing order number:	
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover D	beepen Plug Back Same Res'v Diff Res'v
Designate Type of Completion Date Spudded	- (X) 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		J	Depth Casing Shoe
	TUBING, CASING AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	TEOPALLOWARLE		
V. TEST DATA AND REQUES OIL WELL (Test must be after r Date First New Oil Run To Tank	ecovery of total volume of load oil and must Date of Test	be equal to or exceed top allowable Producing Method (Flow, pump,)	e for this depth or be for full 24 hours.) gas lift, etc.) poste (1 1 1-3
Length of Test	Tubing Pressure	Casing Pressure	Choke Size Chg Op
Actual Prod. During Test	Oil - Ibls.	Water - Bbls.	Gas- MCI
GAS WELL	l	J	Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Clioke Size
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation I hereby certify that the rules and regulations of the Oil Conservation		OIL CONSERVATION DIVISION	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Date ApprovedSED == 1892	
Thonda	Kelson	Оғ Ву Оғ	RIGINAL SIGNED 57
Signature Rhonda Nelson Printed Name C/C	Production Clerk Tide	Title	PERVISOR, DISTRICT I
8/28/92 Date	748-3303 Telephone No.		

1 12 4 114 Fall

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

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