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Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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DISTRICT II P.O. Drawer DD, Antesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

SEP 0 1 1992

Santa Fe, New Mexico 87504-2088

P.O. Drawer DD, Ailesia, NM 88210	Santa Fe, New M	lexico 87504-2088	a C. D.		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	Santa Fe, New M REQUEST FOR ALLOWAE TO TRANSPORT OIL	DI E AND AUTHORIZA	TION		
IOOO KIO BIAZOS Kar, Mares, Care	REQUEST FOR ALLOWAL	L AND NATURAL GAS			
I		Well Marrio.			
Openior Mack Energy Corporation Mack Energy Corporation			30-015-	30-015-04118	
Address					
P.O. Box 276, Arts	esia, NM 88210	Other (Please explain)		the desired with the same of t	
Reason(s) for Filing (Check proper box)		Unier (Flease explain)			
New Well	Change in Transporter of: Oil Dry Gas	Effective 8/1,	/92		
Recompletion	Oil Dry Gas Condensate			and the second s	
Change in Operator XX	bob Energy Corporation,	p O Drawer 217.	Artesia, NM 882	10	
f change of operator give name and address of previous operator Mar.	bob Energy Corporation,	F. O. Diawer Di			
II. DESCRIPTION OF WELL	, AND LEASE		Kind of Lease	Lease No.	
Lease Name	Well No. 1700 Italia, meix	ke Grbg SA	Silie, Federal OX Kee	LC-029338	
Harvard					
Location	1980 Feet From The	north Line and 330	Feet From The	east Line	
Unit LetterH		•	Eddy	County	
Section 11 Towns	nip 17S Range 30	E , <u>nmfm,</u>	Eddy		
	AND BLATT	mai cae			
II. DESIGNATION OF TRA	NSPORTER OF OIL AND NATU	Address (Give address to which	approved copy of this form	s to be sent)	
Name of Authorized Transporter of Oil					
Injection well Name of Authorized Transporter of Cari	nobead Gas or Dry Gas	Address (Give address to which	approved copy of this form	s to be sent)	
Name of Authorized Transporter of Can	nghead out				
If well produces oil or liquids,	Unit Sec. Twp. Rge	ls gas actually connected?	When ?		
rive location of tanks.	<u> </u>				
I this production is commingled with the	at from any other lease or pool, give comming	gling order number:			
V. COMPLETION DATA			Deepen Plug Back San	ie Res'v Diff Res'v	
Designate Type of Completion - (X) Oil Well Gas Well Ne		Them them I wanted			
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Date Spudded					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay	Tubing Depth		
			Depth Casing Sl	o e	
Perforations			-		
	TIRING CASING ANI	D CEMENTING RECORD			
	TUDING CITE		SAC	SACKS CEMENT	
HOLE SIZE	OAGING & TOOM CO.		Poste	Posted ID3	
			9-11	00	
			- Chg	67	
V. TEST DATA AND REQU	EST FOR ALLOWABLE r recovery of total volume of load oil and mu	ist he equal to or exceed top allow	able for this depth or be for f	ull 24 hours.)	
OIL WELL (Test must be afte	Date of Test	Producing Method (Flow, pury	n, gas lýl, etc.)		
Date First New Oil Run To Tank	Date of Lex		Choke Size		
Leady of Tart	Tubing Pressure	Casing Pressure	Choke Size	Choke Size	
Length of Test		Water - Bbls.	Gas- MCF	Gas-MCF	
Actual Prod. During Test	Oil - Bbls.	Water - Bolk			
GAS WELL		Bbls. Condensate/MMCF	Gravity of Cond	ensate	
Actual Prod. Test - MCI7D	Length of Test	Bols, Condensate/Minter			
		Casing Pressure (Shut-in)	Choke Size		
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				
	TO THE LANGE			VICION	
VI. OPERATOR CERTIFI	CATE OF COMPLIANCE	OIL CONS	SERVATION DI	AIOIOIA	
I hereby certify that the rules and reg Division have been complied with an	ulations of the Oil Conservation		<u>.</u>	_	
		Date Approved	SEP 1 199 ORIGINAL SIGNED	7 7 pv	
is true and domplete to the best of my Lioungs that the same of th			ORIGINAL SIGNE	A R.	
Thomas 1	ucs, -	Ву	MIKE WILLIAMS SUPERVISOR, DIS	TRICT IT	
Signature		11			
Rhonda Nelson	Production Clerk	Title			
Printed Name	748-3303				
AUG 2 8 1992	Telephone No.				

and the same state of the species of the same state of the species of the species of the same state of 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. 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.