Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

See Instructions at Bottom of Pag

OIL CONSERVATION DIVISION

SEP 0 1 1992

DISTRICT II P.O. Drawer DD, Antesia, NM 88210		ox 2088)LF 0 = 1JJL				
Sinia 16, 1464 III			iexico 87504-2088			O. C. D.			
1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR	ALLOWA	BLE AND	AUTHORI B JARUT	ZATION AS				
I. Operator				AND NATURAL GAS			AJI No.		
Mack Energy Corpor	ation								
Address P.O. Box 276, Arts									
Reason(s) for Filing (Check proper box)			Otl	ier (Please expl	ain)				
New Well	Change in Tr	ry Gas	Ef1	ective 8	/1/92				
Recompletion		ondensale						<u>, ,</u>	
If change of operator give name and address of previous operator Mari	bob Energy Corp	oration,	P. O. Di	rawer 217	, Artes.	ia, NM 8	8210		
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including				ng Formation Kind			of Lease No.		
Lease Name ETZ STATE	Well No. Po	GRBG JACK	SON SR C	GRBG SA		Felix KXFee	B-93	5	
Location Unit LetterI	. 2310 Fe	et From The	S Lin	e and990	· Fe	et From The	Е	Line	
Section 16 Townshi	170 -			мрм,		EDDY		County	
	^	AND NATU	IRAL GAS						
UI. DESIGNATION OF TRANSPORTER OF OIL AND NATUL				Address (Give address to which approved copy of this form is to be sens) P.O. BOX 2528, HOBBS NM 88240					
Name of Authorized Transporter of Oil TEXAS-NEW MEXICO PI		Dry Gas	1			copy of this for		и)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas CONOCO, INC.				BOX 2197					
If well produces oil or liquids, Unit Sec. Twp. Rge.			Is gas actually connected? When			1			
give location of tanks. I this production is commingled with that	from any other lease or poo	l, give comming	ling order num	ber:					
V. COMPLETION DATA			_,	,	1 5	Plug Back S	nna Dae'v	Diff Res'v	
Designate Type of Completion	- (X) Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	Aille Mes v	L. L.	
Date Spudded	Date Compl. Ready to Pro	xl.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas	Top Oll/Gas Pay			Tubing Depth		
Perforations	<u></u>		<u> </u>			Depth Casing	Shoe		
			cel (B) lan	va proop		<u> </u>			
TUBING, CASING AND HOLF SIZE CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
HOLE SIZE	CASING & TOBING GIZE						Parled ID- 3		
						9-11-92 Plin 80			
							Carrier or		
V. TEST DATA AND REQUES	T FOR ALLOWAL	LE	J		11.6.45	double as he Can	GIL 24 hours	. 1	
OIL WELL (Test must be after r	ecovery of total volume of le	oad oil and muss	be equal to or	exceed top allo thod (Flow, pu	mp, gas lift, e	c.)	jui 24 nous	·/	
Dale First New Oil Run To Tank	Date of Test								
Length of Test	Tubing Pressure	Casing Pressu	Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbis.		Water - Bbls.			Out-MCIT			
10000			<u></u>				•		
GAS WELL	11 - 11 - 27 17-21		Bbls. Conden	sale/MMCF		Gravity of Con	densate		
Actual Prod. Test - MC17D					Clioke Size				
osting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)			Cloke Size				
/I. OPERATOR CERTIFIC.	ATE OF COMPLL	ANCE		AL COM	SERVA	TION DI	VISIO	V	
and regular	tions of the Oil Conservation	n		IL CON	SEHVA	MOND	110101	•	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Date Approved SEP 1 1992						
hall 1/10)			Date	ORIGINAL SIGNED BY					
Khonda Miso				By MIKE WILLIAMS SUPERVISOR, DISTRICT IF					
Signature Rhonda Nelson	Production Cla				SUPER	1130R, DIS	, , , , , , , , , , , , , , , , , , , ,		
Printed Nague 8/9	Tide 748-3		Title_						
0/00/10	Telephon								

ing to although the transport of the contract of the provided between the dis-

Date

- 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.
- 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.