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

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

SEP 0 1 1992

DISTRICT III

Santa Fe, New Mexico 87504-2088

O. C. D.

1000 Rio Brazos Rd., Aziec, NM 87	410 REQ	UEST F	OR A	LLOWA	BLE AND	AUTHOR	IIZATION BAS		•		
I. TO TRANSPORT OIL AND NATURAL							Well API No.				
Mack Energy Corp	poration										
P.O. Box 276, At		м 882	10			her (Please exp	dain)				
Reason(s) for Filing (Check proper b New Well Recompletion	Oil	Change i	Dry C	ias 📙	_	fective a					
Change in Operator KX	Casinghe arbob Ene		Conde		P O D	rawer 21	7. Artes	ia, NM 88	3210		
and address of provides approve			rpor	acion,	1. 0. 2.						
II. DESCRIPTION OF WELL AND LEASE  Lease Name ETZ C STATE  Well No.   Pool Name, Included   Pool Name, Include					ulig l'Ollimoon			N Lease Lease No.  NEXIX WXXX B B = 8095			
Location Unit Letter F	. 231	0.	_ Feet F	ion The <u>N</u>	<u> </u>	ne and1	650 F	eet From The	1 W	Line	
Section 16 <sub>Tow</sub>	rnship	17S	Range		30E , N	мрм,			EDDY	County	
III. DESIGNATION OF TR Name of Authorized Transporter of C	ANSPORTE	OF OF Conde	IL AN	UTAN DI	Address (Gi	ve address 10 m	hich approved	copy of this form	n is to be sent)		
SI Name of Authorized Transporter of Casinghead Gas or Dry Gas					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 oth	er lease or	pool, gi	ve comming	ling order num	ber:					
IV. COMPLETION DATA  Designate Type of Complet	ion - (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back   Sa	ine Res'v D	ill Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oll/Gas	Pay		Tubing Depth			
Perforations					<u> </u>			Depth Casing Shoe			
TUBING, CASING AND					CEMENTING RECORD						
HOLE SIZE CASING & TUBING					DEPTH SET			SACKS CEMENT  Partial IP - 3			
					. <del></del>	<u></u>		9-11-	9-11-92		
								Cho 6	Che of		
V. TEST DATA AND REQU	IEST FOR A	LLOW	ABLE		<u> </u>			1_0			
OIL WELL (Test must be af	ter recovery of 10	ial volume	of load	oil and must	be equal to or	exceed top all ethod (Flow, p	lowable for thi	s depth or be for , etc.)	full 24 hours.)		
Date First New Oil Run To Tank	Date of Te	Date of Test						Choke Size			
Length of Test	Tubing Pre	Tubing Pressure				Casing Pressure					
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbis.			Gas- MCII		
GAS WELL		Pari			Bbls, Conden	sate/MMCF		Gravity of Cond	ensale		
Actual Prod. Test - MCI/D								Choke Size			
ling Method (pitot, back pr.)  Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)						
VI. OPERATOR CERTIF  Thereby certify that the rules and re	oulations of the	Oil Course	vauon			OIL CON	NSERV/	ATION DI	VISION		
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						
It I and a noticon					f ORIGINAL SIGNED BY						
Signature Rhonda, Nelson Production Clerk					SUPERVISOR, DISTRICT II						
Printed Marke 8 9 7 Title 748-3303 Telephone No.					Title						
Date		1 515	., 11		1			المنابلات بنيانيون		1 1 1/2 1	

ing an arrival authoritis and property in a cross of the first appropriately because the discount 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.