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

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

State of New Mexico Energy, Minerals and Natural Resources Depa. ent

RECEIVED

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Pag

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

AUG 1 4 1992 C. C. D.

1000 Rio Brazos Rd., Aziec, NM 87410	REQ	UEST F	OR AL	LOWAE	BLE AND AUTHORI . AND NATURAL GA	ZATION` AS	,,,,				
	TO THANSPORT OIL				. AND MATORIAL CO.	Well Addition			No.		
Operator Taxan Car GODD	DATTON /				20 / ·	30-	-015-04233				
MACK ENERGY CORPO	KALLU	<u> </u>			- Book of Balance						
Post Office Box	1359	Artesi	a, Ner	w Mexic	0, 88211-1359	1-1-A					
Reason(s) for Filing (Check proper box)					Other (Please expl	ain)					
New Well			n Transpo								
Recompletion	Oil	,	Dry Ga	()							
Change in Operator	Casinghe	ad Gas	Conden	Isate							
f change of operator give name and address of previous operator								<u> </u>			
	ANDIE	ASE						·			
II. DESCRIPTION OF WELL Lease Name	MIND LIE	Well No.	Pool N	ame, Includ	ng Formation	Kind YYY	of Lease Federal XXIVEX	1	ase No.		
Berry A Federal		3	Grb	g Jack	<u>son SR Q Grbg SA</u>	THERE,	1001112111111	LC-0:	54988A_		
Location						000		T.7	1 !		
Unit Letter E	<u>. 16</u>	50	_ Feet Fr	om The	N Line and	330 F	et From The	W	1.ine		
	170			30E		Eddy			County		
Section 21 Township	178	<u> </u>	Range	201	, 11111111			,			
TI DESIGNATION OF TRAN	SPORTI	ER OF C	IL AN	D NATU	RAL GAS						
II. DESIGNATION OF TRANSPORTER OF OIL AND NATU					Montess (Otte Bath Est to What app.						
Navajo Refining Company					P.O. Drawer 159, Artesia, NM 88210 Address (Give address to which approved copy of this form is to be sent)				·/)		
Name of Authorized Transporter of Casing	head Gas		or Dry	Gas	Address (Give address to w	hich approved	copy of this form	D to be ser	- /		
	1	1.0	Ima	Pag	Is gas actually connected?	When	7				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	l vac.	Is gas accounty consistent	i					
If this production is commingled with that		her lease of	r nool, giv	e comming	ling order number:						
IV. COMPLETION DATA	ioin any o	alci icaso o	. poor, go								
		Oil We	11 (Gas Well	New Well Workover	Deepen	Plug Back Sai	me Res'v	Diff Res'v		
Designate Type of Completion	- (X)	_i	l		<u> </u>	<u></u>			.1		
Date Spudded	Date Con	npl. Ready	to Prod.		Total Depth		P.B.T.D.				
					Top Oil/Gas Pay	Tubing Depth					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					100 0.2 0.20	Tuonig Depar					
	<u> </u>						Depth Casing Si	hoe			
Perforations											
		TUBING	, CASII	NG AND	CEMENTING RECOF	യ					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET	SACKS CEMENT					
						_,		·			
	<u> </u>						-				
		· · · · · · · · · · · · · · · · · · ·					-				
V. TEST DATA AND REQUES	TE FOR	WOLLA	ARLE								
V. TEST DATA AND REQUES OIL WELL (Test must be after t	ecovery of	total volum	e of load	oil and mus	be equal to or exceed top all	lowable for th	is depth or be for j	full 24 hour	5.)		
Date First New Oil Run To Tank	Date of T				Producing Method (Flow, p	nump, gas lift,	elc.)				
							Choke Size				
Length of Test	Tubing Pressure				Casing Pressure Water - Bbls.		Choke dize				
							Gas- MCF				
Actual Prod. During Test	Oil - Bbl	s.			Water - Bonk						
GAS WELL					Bbls, Condensate/MMCF		Gravity of Con-	densate			
Actual Prod. Test - MCF/D	Length of Test				Bolk, Collectisate 17211C.						
	Tukies	respire (Ch	ul-in)		Casing Pressure (Shut-in)		Choke Size				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)						1				
	ATEC	E COM	DITAN	JCF			ATION	מטוט	NN I		
VI. OPERATOR CERTIFICATE OF COMPLIANCE					OIL CONSERVATION DIVISION						
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					SEP 1 8 1992						
is true and complete to the best of my	knowledge	and belief.			Date Approve	ed	SP: 70 .		·		
Λ - × Ω											
(russa D. Carter					By ORIGINAL SIGNED BY						
Signature Production Clerk					MIKE WILLIAMS SUPERVISOR, DISTRICT IF						
Crissa Carter Printed Name	11001	<u></u>	Title		Title SI	UPERVISC	א, טוא דאוט ו	11			
9/14/92	(505)	748-12	.88			•					

- 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.

Telephone No.

- 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.