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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Depai

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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DISTRICT III

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

1000 Rio Brizos Rd., Aziec, Nivi 67410	REQ	JEST F	OH	ALLU)VVAL	SLE AND A		27110IV				
I	TO TRANSPORT OIL AND N						Well API No.					
Operator		·	_			300		ŀ	30-015-04252			
MACK ENERGY CORPO	ORATIO	<u> </u>								<u> </u>		
Address			. 33			0921	1_1350					
Post Office Box	1359	Artesi.	a. N	vew_M	exic	0 0021 Oth	er (Please expla	iin)				
Reason(s) for Filing (Check proper box)		Change i	n Trans	sporter (of:	٠ا	,					
New Well	Oil	-	Dry									
Recompletion		ad Gas	, -	densate	$\overline{\Box}$							
Change in Operator	Camingne	ad Gas	Con									
If change of operator give name and address of previous operator												
	A NUN T 12	ACE										
II. DESCRIPTION OF WELL	Well No. Pool Name, Including Formation							Kind of Lease			ease No.	
Lease Name		1	1				Grbg SA	XXX.	LC-054988			
Berry A Federal		<u> </u>	1 6.	105	Jack	OUI DIE S						
Location	. 33	.n ·				N I in	and16.	50 Fe	et From The.	W	Line	
Unit LetterC	_ :		T.cer	1 mom	ine	· Late						
Section 2.1 Township	. 17	c	Rans	re	30E	, N	MPM,	Eddy	Eddy County			
Section 21 Township	<u>, </u>	<u>. </u>	10	A								
III. DESIGNATION OF TRANS	SPORTE	ER OF C	IL A	ND N	IATU:	RAL GAS						
Name of Authorized Transporter of Oil	[X]	or Conde	nsate]	Vootese (Ou	e address to wh				ent)	
Navajo Refining Compa					, 	P.O. I	rawer 15	9, Artes	sia, NM	88210		
Name of Authorized Transporter of Casing	head Gas		or D	ry Gas		Address (Giv	e address to wh	iich approved	copy of this f	orm is to be s	ent)	
								1 716				
If well produces oil or liquids,	Unit	Sec.	Twp).	Rge.	ls gas actuall	y connected?	When	ı			
give location of tanks.	<u> </u>	I	<u></u>	L_		<u> </u>						
If this production is commingled with that f	from any ot	her lease or	pool,	give co	muningl	ing order num	Der:					
IV. COMPLETION DATA						1		Deenen	Plug Back	Same Res'v	Diff Res'v	
	(V)	Oil Wel	1	Gas V	Vell	New Well	Workover	Deepen	I ring Dack	i	l .	
Designate Type of Completion -	- (A)		بلي			Total Depth	l	L	P.B.T.D.			
Date Spudded	udded Date Compl. Ready to Prod. Total Depth											
						Top Oil/Gas	Pav		Tubing Dep	th		
Elevations (DF, RKB, RT, GR, etc.)	Name of I	Producing I	onnau	1011		lop out	•		Tuome pop	- ·		
	l					J	 		Depth Casin	g Shoe		
Perforations									·			
		TIBING	CAS	SING	AND	CEMENTI	NG RECOR	D				
LOIS OF	CA	SING & T	LIRING	G SIZE	11112	DEPTH SET				SACKS CEMENT		
HOLE SIZE		101110 0 1	0.01111									
									<u> </u>			
									<u> </u>			
V. TEST DATA AND REQUES	T FOR	ALLOSV	ABL	Æ								
V. TEST DATA AND REQUES OIL WELL (Test must be after re	ecovery of I	otal volum	of loa	ad oil ar	id must	be equal to or	exceed top allo	wable for this	depth or be	or jui 24 noi	<i>urs.)</i>	
Date First New Oil Run To Tank	Date of To					Producing M	thod (Flow, pu	mp, gas iyi, e	ic.)			
						Casing Pressure Choke Size						
Length of Test Tubing Pressure				Casing Press	116		Cheme Dim					
				Water - Bbls.			Gas- MCF					
Actual Prod. During Test	Oil - Bbls					Water - Bolk						
	<u> </u>					<u> </u>			<u> </u>			
GAS WELL									. نز - بنا - بارا	122 JAN 184		
Actual Prod. Test - MCF/D	Length of	Test				Bbls. Condensate/MMCF			Gravity of Condensate			
									Choke Size			
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size				
•	1								<u> </u>			
VI. OPERATOR CERTIFIC.	ATE O	F COM.	PLIA	ANCI	3		OIL CON	ICEDV	MTION	DIVISIO	NC	
I hamby certify that the rules and regula	ations of the	Oil Conse	rvation	n		'	JIL CON	SETT	711011	DIVIOR	511	
Division have been complied with and that the information given above				SEP 1 8 1992								
is true and complete to the best of my k	mowledge a	and belief.				Date	Approve	d	-1 -0			
\wedge	-											
Cusa D. Carter					By ORIGINAL SIGNED BY							
Signature Purchase Charle				MIKE WILLIAMS								
Crissa Carter Production Clerk				II SUPERVISOR DISTRICT II								
Printed Name 9/14/92	(505)	748_12		•		Title				•		
4114147	(202)			e No.		11	والأنوالة والأمياء مكامليها	- ***				

the control of the co 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.