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

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

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

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

dst
Top

Ť	TO TRA	NSPORT OIL	AND NATURAL GAS	- 10-11 X 50 XI		
Operator			Well All 110.		ļ	
MACK ENERGY CORPO	ORATION /		200	30-015-04253		
Address			n the college with			
Post Office Box 1	1359, Artesia	, New Mexic	0 88211-1359			
Reason(s) for Filing (Check proper box)			Other (Please explain)			
New Well		Transporter of:			,	
Recompletion	· ·	Dry Gas Condensate				
Change in Operator	Casinghead Gas	Congensate [_]				
If change of operator give name and address of previous operator						
_	AND LEASE					
II. DESCRIPTION OF WELL A	Well No.	Pool Name, Includi	ng Formation	Kind of Lease	Lease No.	
Berry A Federal	2		on SR Q Grbg SA	SPRING L'EUCINI OL TIMETT	LC-054988A	
Location					••	
Unit Letter F	. 1650	Feet From The	N Line and 1850	Feet From The	W 1.ine	
Omt Letter		000			County	
Section 21 Township	17S	Range 30E	, NMPM, Eddy	У	<u> </u>	
	anonwen or o	TI AND NATED	RAL GAS			
III. DESIGNATION OF TRANS		isate —	Address (Give address to which a	pproved copy of this form	is to be sent)	
Name of Authorized Transporter of Oil	للكا		P O Drawer 159.	Artesia, NM 8	8210	
Navajo Refining Compar Name of Authorized Transporter of Casing	head Gas	or Dry Gas	Address (Give address to which a	pproved copy of this form	is to be sent)	
Maine of Memorized Transborrei or Castill				1		
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas actually connected?	When 7		
give location of tanks.	<u> </u>			J		
If this production is commingled with that f	from any other lease or	pool, give comming!	ing order number:			
IV. COMPLETION DATA	louv "	Gas Well	New Well Workover D	eepen Plug Back Sa	me Res'v Diff Res'v	
Designate Type of Completion -	Oil Well - (X)	l Cas Well		ji		
	Date Compl. Ready to	Prod.	Total Depth	P.B.T.D.		
Date Spudded	Date Compile Roady is	 -				
Flamions (DE DER RT CP atc.)	R, etc.) Name of Producing Formation		Top Oil/Gas Pay	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						
Perforations	<u> </u>			Depth Casing S	hoe	
			CEMENTING RECORD		CKS CEMENT	
HOLE SIZE	CASING & T		DEPTH SET	SAC	NUO CEMENI	
V. TEST DATA AND REQUES	FEED ALLOW	ABLE				
V. TEST DATA AND REQUES OIL WELL (Test must be after re	ecovery of total volume	of load oil and must	be equal to or exceed top allowable	le for this depth or be for	full 24 hours.)	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pump,	gas lift, etc.)		
Date Liberton On ten 10 years				Chaba Cina		
Length of Test	Tubing Pressure		Casing Pressure	CHOKE SIZE	Choke Size	
,				Gas- MCF	Gas- MCF	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			
GAS WELL	-				donesta	
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	Gravity of Con	Gravity of Condensate	
1000000			74-1-4-6	Choke Size	Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (Shu	u-in)	Casing Pressure (Shut-in)	Choke Size		
					The second secon	
VI. OPERATOR CERTIFIC	ATE OF COM	PLIANCE	OIL CONSI	ERVATION D	IVISION	
I hamby certify that the rules and regulations of the Oil Conservation						
Division have been complied with and that the information given above		Date Approved SEP 1 8 1992				
is true and complete to the best of my knowledge and belief.			Date Approved SEP 1 8 1932			
Cross D. Carle		By ORIGINAL SIGNED BY				
Signature Crissa Carter Production Clerk		MIKE WILLIAMS				
Printed Name Title			Title SUPERVISOR, DISTRICT IT			
9/14/92	(505) 748-128				-, tab	
Date		ephone No.	and the same and the process of the same and	aken 90 kin kali lan da di Majaran kalanda 1998, ja h	market and the second second second	
	The second of th	Children C. Barre Blankle .	V 1000-1000 Contractor			

- 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.