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

## State of New Mexico Energy, Minerals and Natural Resources Department

See Instructions at Bottom of Page

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

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

RECEIVED MAR 1 0 1993

| DISTRICT III    |               |       |
|-----------------|---------------|-------|
| 1000 Rio Brazos | Rd. Aztec. NM | 87410 |

| and address of previous operatorKennedy UII CO.; Inc.; BOX 131; Art costa;   |                    |  |
|--|--------------------|--|
| Mack Energy Corporation  Address  P.O. Box 1359, Artesia, NM 88211-1359  Reason(s) for Filing (Check proper box)  New Well  Change in Transporter of: Change well name from State B to  Recompletion  Oil  Dry Gas  State BK.  Change in Operator   Casinghead Gas  Condensate  If change of operator give name and address of previous operator  Mack Energy Corporation  Nother (Please explain)  Effective 3/1/93  Change well name from State B to  State BK.  Casinghead Gas  Condensate  If change of operator give name and address of previous operator  Mennedy Oil Co., Inc., Box 151, Artesia, NM 88210  II. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Pool Name, Including Formation  Kind of Lease  State Please Name  Reader Name  Re |                    |  |
| Address  P.O. Box 1359, Artesia, NM 88211-1359  Reason(s) for Filing (Check proper box)  New Well Change in Transporter of: Change well name from State B to Recompletion Oil Dry Gas State BK.  Change in Operator X Casinghead Gas Condensate Change of previous operator give name and address of previous operator Renedy Oil Co., Inc., Box 151, Artesia, NM 88210  II. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Pool Name, Including Formation  Kind of Lease State Place Place Place  Kind of Lease State Place Place Place  Resource State BK.  Reason(s) Other (Please explain)  Effective 3/1/93  Change well name from State B to State BK.  Change in Operator X State BK.  Casinghead Gas Condensate Change well name from State B to State BK.  Casinghead Gas Condensate Change well name from State B to State BK.  Casinghead Gas Condensate Change well name from State B to State BK.  Casinghead Gas Condensate Change well name from State B to State BK.  Casinghead Gas Condensate Change well name from State B to State BK.  Casinghead Gas Condensate Change well name from State B to State BK.  Casinghead Gas Condensate Change well name from State B to State BK.  Casinghead Gas Condensate Change well name from State BK.  Change in Operator X State BK.  Casinghead Gas Condensate Change well name from State B to State BK.  Change in Operator X State BK.  Change in Operat |                    |  |
| Reason(s) for Filing (Check proper box)  New Well  Change in Transporter of:  Change well name from State B to  Recompletion  Change in Operator  Casinghead Gas  Condensate  If change of operator give name and address of previous operator  Kennedy Oil Co., Inc., Box 151, Artesia, NM 88210  II. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Pool Name, Including Formation  Well No. Pool Name, Including Formation  Kind of Lease  State Process explain)  Effective 3/1/93  Change well name from State B to  State BK.  Change of operator give name  Kennedy Oil Co., Inc., Box 151, Artesia, NM 88210  II. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Pool Name, Including Formation  State Process of Process |                    |  |
| New Well Change in Transporter of: Change well name from State B to  Recompletion Oil Dry Gas State BK.  Change in Operator Casinghead Gas Condensate  If change of operator give name and address of previous operator  Kennedy Oil Co., Inc., Box 151, Artesia, NM 88210  II. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Pool Name, Including Formation  Kind of Lease State Program of Program State B to  Change well name from State B to  Change well name from State B to  Recompletion  State BK.  Kennedy Oil Co., Inc., Box 151, Artesia, NM 88210  II. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Pool Name, Including Formation  Resommer Change well name from State B to  Change in Transporter of: Change well name from State B to  Recompletion Oil Dry Gas State BK.  Casinghead Gas Condensate Change well name from State B to  Change in Transporter of: Change well name from State B to   |                    |  |
| Recompletion Oil Dry Gas State BK.  Change in Operator Casinghead Gas Condensate   If change of operator give name and address of previous operator Kennedy Oil Co., Inc., Box 151, Artesia, NM 88210  II. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Pool Name, Including Formation  Kind of Lease State Program CR CA State Program CR CR CA State Program CR   |                    |  |
| Change in Operator  Casinghead Gas  Condensate  If change of operator give name and address of previous operator  Kennedy Oil Co., Inc., Box 151, Artesia, NM 88210  II. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Pool Name, Including Formation  Kind of Lease State Program CR 3627   |                    |  |
| II. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Pool Name, Including Formation  Kind of Lease  Lease Name  Remiedy OII 00., Pool Name, Including Formation   |                    |  |
| II. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Pool Name, Including Formation  Kind of Lease State Fixeral of Feet  |                    |  |
| Lease Name  Well No. Pool Name, Including Formation  Kind of Lease State Federal of Fede |                    |  |
| State BK 6 Grayburg Jackson SR QN GB SA State B-3627   | No.                |  |
|  |                    |  |
| Location   |                    |  |
| Unit Letter M : 990 Feet From The South Line and 744 Feet From The West  | Line               |  |
| Section 19 Township 17S Range 31E , NMPM, Eddy   | County             |  |
|  |                    |  |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil   or Condensate  Address (Give address to which approved copy of this form is to be sent)  |                    |  |
| Name of Authorized Transporter of Oil X or Condensate P.O. Drawer 159, Artesia, NM 88211   |                    |  |
| Name of Authorized Transporter of Casinghead Gas   |                    |  |
| Conoco, Inc. 10 Desta Drive East, Midland, TX 79705  |                    |  |
| If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When ? give location of tanks. I I 19 117S 131F. Yes 1969  |                    |  |
| give location of tanks.  L 19 17S 31E Yes 1969  If this production is commingled with that from any other lease or pool, give commingling order number:  |                    |  |
| IV. COMPLETION DATA  | ler B              |  |
| Designate Type of Completion - (X)  Oil Well   Gas Well   New Well   Workover   Deepen   Plug Back   Same Res'v   Did not be a signate   Deepen   Deep | iff Res'v          |  |
| Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.   |                    |  |
| Elevations (DE BKR RT CR etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  |                    |  |
| Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Tubing Depth  Tubing Depth  |                    |  |
| Perforations Depth Casing Shoe   |                    |  |
| THIRDING GASING AND CEMENTING RECORD   |                    |  |
| TUBING, CASING AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT   | SACKS CEMENT       |  |
| HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  |                    |  |
|  |                    |  |
|  |                    |  |
| THE STATE AND DECLIES TECH ALLOWADIE   |                    |  |
| V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)   |                    |  |
|  |                    |  |
|  | İ                  |  |
| Date First New Oil Run To Tank  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Posted  | 10-3               |  |
| Date First New Oil Run To Tank  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  | <i>ID-3</i><br>-93 |  |
| Date First New Oil Run To Tank  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Length of Test  Tubing Pressure  Casing Pressure  Choke Size 3-12   | 10-3<br>-93        |  |
| Date First New Oil Run To Tank  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Length of Test  Tubing Pressure  Casing Pressure  Choke Size 3-12   | 10-3<br>-93        |  |
| Date First New Oil Run To Tank  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Casing Pressure  Casing Pressure  Choke Size  3 - 12  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas-MCF  Choke Size  3 - 12   | 10-3<br>-93        |  |
| Date First New Oil Run To Tank  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Casing Pressure  Casing Pressure  Choke Size  3-12  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas- MCF  Choke Size  7-12  | 10-3<br>-93<br>,0  |  |
| Date First New Oil Run To Tank  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  3 - 12  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas-MCF  Gas-MCF  Gas-MCF  Gravity of Condensate  Choke Size   | 10-3<br>-93<br>-7  |  |
| Date First New Oil Run To Tank  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Casing Pressure  Casing Pressure  Choke Size  3 - 12  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas- MCF  Gas- MCF  Gravity of Condensate  Bbls. Condensate/MMCF  Gravity of Condensate   | 10-3<br>-93<br>,0  |  |
| Date First New Oil Run To Tank  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Choke Size  3 - 12  Gas- MCF  Gas- MCF  Gas- MCF  Gravity of Condensate  Festing Method (pilot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size   | 10-3<br>-93<br>,0  |  |
| Date First New Oil Run To Tank  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Choke Size  3 - 12  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas WELL  Actual Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  OIL CONSERVATION DIVISION   | 10-3<br>-93        |  |
| Date First New Oil Run To Tank  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Choke Size  3 - 1 2  Water - Bbls.  Gas- MCF  Gas- MCF  Gas- MCF  Gravity of Condensate  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above  | 10-3<br>-93<br>-2  |  |
| Date First New Oil Run To Tank  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Casing Pressure  Choke Size  3 - 12  Choke Size  Gas-MCF  Gas-MCF  Gas-MCF  Gravity of Condensate  Choke Size  Old Condensate  Choke Size  Old Conservation  Old Conservation  Old Conservation  | 10-3<br>-93        |  |
| Date First New Oil Run To Tank  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Choke Size  3 - 1 2  Water - Bbls.  Gas- MCF  Gas- MCF  Gas- MCF  Gravity of Condensate  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above  | 10-3<br>-93        |  |
| Date First New Oil Run To Tank  Date of Test  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  3 - 12  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas-MCF  Casing Pressure  Gravity of Condensate  MMCF  Gravity of Condensate  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Producing Method (Flow, pump, gas lift, etc.)  Producing Method (Flow, pump, gas lift, etc.)  Producing Method (Flow, pump, gas lift, etc.)  Casing Pressure  Choke Size  Gas-MCF  Gravity of Condensate  Casing Pressure (Shut-in)  Click Size  OIL CONSERVATION DIVISION  Date Approved  MAR 1 2 1993  By  ORIGINAL SIGNED BY   | 10-3<br>-93<br>-7  |  |
| Date First New Oil Run To Tank  Date of Test  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  3 - 12  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  Crissa Carter  Production Clerk  Production Clerk  Producing Method (Flow, pump, gas lift, etc.)  Casing Pressure  Choke Size  Casing Pressure  Choke Size  Oil Conservation 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  MAR 1 2 1993  By  ORIGINAL SIGNED BY MIKE WILLIAMS   | 10-3<br>-93        |  |
| Date First New Oil Run To Tank  Date of Test  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  3 - 12  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas-MCF  Choke Size  Oil - Bbls.  Condensate/MMCF  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation 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  MAR 1 2 1993  By  ORIGINAL SIGNED BY  | 10-3<br>-93        |  |

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.