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

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

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

Form C-J04 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

SEP 0 1 1992 Q. C. D.

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REC	UEST I	OR AL	LOWA	BLE AND	AUTHOR	IZATION	TORNA THE	n'e		
I.	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							Well API No.			
Operator		•	""								
Mack Energy Corpor	ation										
P.O. Box 276, Arte	sia, N	тм 882	210	•							
Reason(s) for Filing (Check proper box)					Ou	ier (Please exp	dain)				
New Well			in Transpo		F.F.f	ective 8	8/1/92		•		
Recompletion	Oil		Dry Ga	1	ELL	. CCLIVC	0, 1, 52				
Change in Operator		cad Gas	Conden						00210		
If change of operator give name and address of previous operator Marl	oob Ene	ergy Co	orpora	tion,	P. O. Di	cawer 21	7, Artes	1a, NM	88210		
II. DESCRIPTION OF WELL	AND LI	EASE									
Lease Name	Well No. Pool Name, Inches								of Lease Lease No. WENNE B-936		
ETZ STATE		11	L GR	BG JAC	KSONSK C	GKDG DI					
Location	2.5	310			S	e and17	770 ₁ ;	eet Emm The	W	Line	
Unit Letter K	_ :	310	Feet Fro	om The	<u>. </u>	e and	·				
· Section 16 Townshi	p 17	7S	Range	30	E , N	мгм,	<u></u>	EDDY		County	
III. DESIGNATION OF TRAN	SPORT	ER OF C	IL AN	D NATU	RAL GAS			t of this	form is to be s	ant)	
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)										
SI	Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casinghead Gas or Dry G					Vomers (Que nom err to miner ab)			provide copy, 5, 55.			
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually connected?		When	When ?			
give location of tanks.	i	<u>i</u>	<u> </u>	<u></u>	<u> </u>		l				
If this production is commingled with that	from any of	ilier lease o	r pool, give	e comming	ling order num	ber:					
IV. COMPLETION DATA			. 1 6	11/-11	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil We	1 1 6	as Well	I Idem Helt	WORKOVE	Deepen		i	_ii	
Date Spudded		npl. Ready	lo Prod.		Total Depth	J		P.B.T.D.			
Date alvioned								_			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth			
								Depth Casing Shoe			
Perforations									o .		
		TIBING	CASIN	IG AND	CEMENTI	NG RECOR	D				
HOLE BIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			,	SACKS CEMENT		
HOLE SIZE	· 	OASING & TOSING O.E.							Pasted ID-3		
								9-11-92			
	-							Elg	ap-		
					<u> </u>						
V. TEST DATA AND REQUES	T FOR	ALLUW	ABLE offede	it and must	be equal to or	exceed top all	lowable for thi	s depth or be	for full 24 hou	rs.)	
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
Date Life idea Ou ven 10 1777								Choke Size			
Length of Test	Tubing Pressure Oil - Bbls.				Casing Press	ıre		Choke offe			
					Water - Bbls.			Gas- MCF			
Actual Prod. During Test					· ·			·			
	L				J						
GAS WELL	11	756			Bbls. Conden	sale/MMCF		Chavity of C	Condensale		
Actual Frod. Test - MCF/D Length of Test							_	75-1-81			
osting Method (pitot, back pr.)	pilot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	CHOKE SIZE		
sering Memor (buot seek b. A											
VI. OPERATOR CERTIFIC	ATE OF	COM	PLIAN	CE ·			JSFRV	ATION	DIVISIC	N	
	uions of the	Oil Conse	rvauon				1021111	,,,,,,,	_ ,		
22 / 1\ hous been complied with and l	nat me imo	יואַ ווטוגנונאָ	en above		.	_	. CEI	1 19	92		
is true and complete to the best of my k	nowledge	ind beliel.			Dale	Approve					
Chet has do malle					ORIGINAL SIGNED BY						
Thomas 1410					By MIKE WILLIAMS SUPERVISOR, DISTRICT IT						
Signature Rhonda Nelson	Produ	ction					וטרבאיוטל	אופוט אר	1101 11		
Printed Name			Title	,	Title_		<i>c</i>				
8128142			8-3303	<u> </u>							

- 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.