			CLSE
		New Mexico	Form C-104
Submit 5 Copies Appropriate District Office	Energy, Minerals and N	atural Resources Department	Revised 1-1-89 See Instructions
Dİ <u>ŞTRİCT I</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERV	ATION DIVISION	at Bottom of Page
DISTRICT II P.O. Drawer DD, Attesia, NM 88210	P.O. 1	Box 2088 Mexico 87504-2088	CF
DISTRICT III			
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FUR ALLOW	ABLE AND AUTHORIZAT	ION
I. Operator	V TO TRANSFORT O		Well API No.
Mack Energy Corpor	cation		
Address P.O. Box 276, Arte	esia, NM 88210		
Reason(s) for Filing (Check proper box)	Change in Transporter of:	Other (Please explain)	
New Well	Oil Dry Gas	Effective 8/1/	92
Change in Operator	Casinghead Gas Condensate	0.47	rtesia, NM 88210
	bob Energy Corporation,	P. O. Drawer 217, A	ILESIA, NM 88210
II. DESCRIPTION OF WELL Lease Name	Well No. Pool Name, Inclu	kling Formation	Kind of Lease No.
G-J West Coop Unit		kson SR Q Grbg SA	State, TECHNICK THEX B-9563
Location	660 East From The D	north Line and 1980	Feet From The east Line
Unit Letter	170 205	•	Eddy County
Section 21 Townsh	ip 17S Range 29E	, NMFM,	Eddy
III. DESIGNATION OF TRAN	NSPORTER OF OIL AND NATI	URAL GAS	pproved copy of this form is to be sent)
Name of Authorized Transporter of Oil	X or Condensate	P.O. Box 159, Arte	esia, NM 88210
Navajo Refining Co. Name of Authorized Transporter of Casir	nghead Gas A or Dry Gas	Address (Give address to which a 4001 Penbrook, Ode	pproved copy of this form is to be sent)
GPM Corporation	Unit Sec. Twp. Rge	Is gas actually connected? When ?	
give location of tanks.		aling order number:	
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give commin		
Designate Type of Completion	Oil Well Gas Well	New Well Workover D	eepen   Plug Back   Same Res'v   Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Flocucing Formation		
Perforations			Depth Casing Shoe
		CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUE	ST FOR ALLOWABLE		- (on this depth of he (or full 24 hours)
OIL WELL (Test must be after Date First New Oil Run To Tank	recovery of total volume of load oil and mu Date of Test	Producing Method (Flow, pump, g	as lýl, elc.) POStoci ID-3
		Casing Pressure	Choke Size Day (2)
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCI
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
lesting Method (pirot, back pr.)	Luoing Pressure (Sinut-in)		
VI. OPERATOR CERTIFIC	ATE OF COMPLIANCE	OIL CONSE	RVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above		_	
Division have been compiled with and that the the second s		Date Approved	SEP 1 1992
Ren Ja Millon			RIGINAL SIGNED DI
Signature		By\$	UPERVISOR, DISTRICT IT
Rhonda Nelson Printed Name	Production_Clerk Tide		
AUG 2 8 1992	748-3303 Telephone No.		
Date			

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. 2) An sections of this form must be filled out for another on new and recompleted webs.
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.