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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

RECEIVED

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

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

SEP 0 1 1992

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Mack Energy Corporation ✓		Well API No. 30-015-20747
Address P.O. Box 276, Artesia, NM 88210		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Effective 8/1/92
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>		
If change of operator give name and address of previous operator Marbob Energy Corporation, P. O. Drawer 217, Artesia, NM 88210		

II. DESCRIPTION OF WELL AND LEASE		Kind of Lease State, Federal or Free XXXXXXXX	Lease No. B-936
Lease Name ETZ STATE UNIT	Well No. 111	Pool Name, Including Formation GRBG JACKSON SR Q GRBG SA	
Location Unit Letter <u>K</u> : <u>2310</u> Feet From The <u>S</u> Line and <u>2310</u> Feet From The <u>W</u> Line Section <u>16</u> Township <u>17S</u> Range <u>30E</u> , NMPM, <u>EDDY</u> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	TEXAS-NEW MEXICO PIPELINE CO	P.O. BOX 2528, HOBBS, NM 88240	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	CONOCO, INC.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2197, HOUSTON, TX 77252	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge. Is gas actually connected? When?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA									
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations			Depth Casing Shoe						

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Posted FD-3 9-11-92 Ely

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.)			
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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing 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 <i>Rhonda Nelson</i>	Production Clerk
Printed Name Rhonda Nelson	Title 748-3303
Date 8/28/92	Telephone No.

OIL CONSERVATION DIVISION	
Date Approved	SEP 1 1992
By	ORIGINAL SIGNED BY MIKE WILLIAMS
Title	SUPERVISOR, DISTRICT II

- 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.