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Appropriate District Office
DISTRICT 1
F.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

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

OIL CONSERVATION DIVISION

P.O. Box 2088

AUG 1 4 1992

DISTRICT III

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

Santa Fe, New Mexico 87504-2088

C. C. D.

1000 Rio Brazos Rd., Aztec, NM 8/410	REQU	JEST F	OR AL	LOWAE	BLE AND AND NA	AUTHORI TURAL GA	AS .					
I. Operator					Well			API No.				
MACK ENERGY CORPO	ORATION	· 🗸			<i></i>		30-	-015-235	1.7			
Address						ta disensi						
Post Office Box	1359 , A	rtesi	a, Ne	w Mexic	:0882] 	lier (Please expl	ain)					
Reason(s) for Filing (Check proper box)		Change is	n Transix	orter of:	L_1 0.		•					
New Well	Oil		Dry Ga									
Recompletion	Casinghea			sate []								
If change of operator give name												
and address of previous operator												
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including						ne Formation Kind o			of Lease No.			
ERE NAME					son SR Q Grbg SA			Federal OXXXXX LC-054988A				
Location									**			
Unit LetterE	:2	310	_ Feet Fi	om The _N	Li	ne and99	90 Fo	et From The	<u> </u>	Line		
						VMPM,				County		
Section 21 Township	17S		Range		<u> </u>	<u> </u>						
III. DESIGNATION OF TRAN	SPORTE	ROFC	IL AN	d natu	RAL GAS	<u> </u>		Samuel this C	arm is to be to			
Name of Authorized Transporter of Oil X or Condensate						Winters Othe agar 52 to which abbi over ach, at						
Navajo Refining Company Name of Authorized Transporter of Casinghead Gas or Dry Gas					P.O. Drawer 159, Artesia, NM 88210 Address (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Casinghead Gas or Dry Gas						Addition for the second						
If well produces oil or liquids,	Unit Sec. Twp.			Rge.	is gas actua	lly connected?	When	When ?				
give location of tanks.	<u>i</u> l		<u> </u>	_L	<u> </u>		l					
If this production is commingled with that i	from any oth	er lease or	r pool, giv	e commingl	ing order nur	nber:						
IV. COMPLETION DATA		Oil Wel	11 (Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)		" i		İ	1	<u> </u>	l _.	<u></u>			
Date Spudded	Date Com	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oll/Gas Pay			Tubing Depth				
Perforations	<u> </u>				J			Depth Casin	g Shoe			
						a proop						
	TUBING, CASING AND				CEMENT				SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				Onorro de mento			
]							
V. TEST DATA AND REQUES OIL WELL (Test must be after to	T FOR A	LLOW	ABLE	oil and must	he equal to o	or exceed sop all	owable for thi	s depih or be j	or full 24 hou	rs.)		
OIL WELL (Test must be after red Date First New Oil Run To Tank	Date of Te		oj iodir i	OH BIRT PHEN	Producing N	Method (Flow, pr	ump, gas lift, e	ic.)		,		
Date Pirst New Oil Ruil 10 Tank	a New Oil Kull 10 Talls Date of Tex							Choke Size				
Length of Test	Tubing Pressure				Casing Pressure			Choke Size				
	Oil - Bbls.				Water - Bbl			Gas- MCF				
Actual Prod. During Test					WHIEF - DOIS.							
	<u> </u>											
GAS WELL [Actual Park Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate				
Actual Prod. Test - MCF/D	Length of	Length of Test							7			
Testing Method (pitot, back pr.)	Tubing Pro	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
								1				
VI. OPERATOR CERTIFIC	ATE OF	COM	PLIAI	1CE		OIL CON	USFRV	ATION	DIVISIO	N		
I hereby certify that the rules and regula	ations of the	Oil Conse	rvation			OIL OO!						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Dat	e Approve	act (8 I 936	1992			
is the and complete to the best of my	- 6.				Dat							
(usa D. Carles					By ORIGINAL SIGNED BY							
Signature Crissa Carter Production Clerk					II AND MAILE WILL LAND							
Printed Name Title					Title SUPERVISOR, DISTRICT If							
9/19/92 (505) $748-1288$. 			
Date		_	lephone N		A distanting of the first state of the	articles of gravely following	and an areas of the star.	क अमेरत्यु स्टांक प्रतिकृति	, a de marcol de de seberado	en en en en en en en en		
and the second contract the contract of the co	the property of the season	E CHANGE TO	0.30	was with								

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. with Rule 111.
- 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.