Submit 5 Copies
Appropriate District Office DÍSTŘICT I P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources Department

in LEIVED

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

OIL CONSERVATION DIVISION

P.O. Box 2088

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SEP - 1 1992

Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator Mack Energy Corporation Address P.O. Box 276, Artesia, NM 88210 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: New Well Effective 8/1/92 Dry Gas Oil Recompletion Casinghead Gas Condensate Change in Operator 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 Well No. | Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee GRBG JACKSON SR Q GRBG SA ROBINSON STATE Location 1650 N Line and 330. Feet From The ___ _ Feet From The _ Unit Letter _ EDDYTownship Range . NMPM. 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 or Condensate P. O. BOX 159, ARTESIA, NM 88210 NAVAJO REFINING CO. Address (Give address to which approved copy of this form is to be sent) or Dry Gas Name of Authorized Transporter of Casinghead Gas When ? If well produces oil or liquids, give location of tanks. Twp. Sec. 27 Rge. Is gas actually connected? Ì29 Ε If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Deepen | Plug Back | Same Res'v Diff Res'v New Well Workover Oil Well Gas Well Designate Type of Completion - (X) P.R.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (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 OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Casing Pressure Length of Test Tubing Pressure Gas- MCF Water - Bbls. Oil - Bbls. Actual Prod. During Test **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) l'osting Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above

belief. se and complete to the best of my knowledge and

Rhonda Pripted Name Telephone No.

Clerk Title 748-3303

SEP 1 1992 Date Approved ___

1 ORIGINAL SIGNED MIKE WILLIAM SUPERVISOR, DISTRICT Title_

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.