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

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

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

State of New Mexico
Energy, Mineral and Natural Resources Department

RECEIVED

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

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

C. I. D.

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Mack Energy Corporation		Well API No. 30-015-27362
Address P.O. Box 1359, Artesia, NM 88211-1359		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name GJ West Coop Unit	Well No. 117	Pool Name, Including Formation Grayburg Jackson SR ON GB SA	Kind of Lease State/Federal/Private	Lease No. B-1266
Location Unit Letter C : 380 Feet From The North Line and 1650 Feet From The West Line Section 21 Township 17S Range 29E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, NM 88211-0159					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 28	Twp. 17S	Rge. 29E	Is gas actually connected? Yes	When? 7/4/93

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 5-13-93	Date Compl. Ready to Prod. 7-1-93		Total Depth 4920'		P.B.T.D. 4706'			
Elevations (DF, RKB, RT, GR, etc.) 3611.7' RKB	Name of Producing Formation Grayburg San Andres		Top Oil/Gas Pay 2249'		Tubing Depth 3801'			
Perforations 2249-3765'					Depth Casing Shoe 4740'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2 "	13 3/8 "		126'		200 sx			
12 1/4 "	8 5/8 "		816'		450 sx			
7 7/8 "	5 1/2 "		4740'		1450 sx			
	2 7/8 "		3801'					

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 7-4-93	Date of Test 7-8-93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size 8-13-93 comp + RK
Actual Prod. During Test 403	Oil - Bbls. 140	Water - Bbls. 263	Gas - MCF 250

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
Crissa Carter
Printed Name
7/15/93
Date
Production Clerk
(505) 748-1288
Telephone No.

OIL CONSERVATION DIVISION

AUG 6 1993

Date Approved

By
ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

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 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.