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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

P.O. Box 2088

OIL CONSERVATION DIVISION

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

DISTRICT II P.O. Drawer DD, Antesia, NM 88210 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS I. Well API No. Operator 30-015-27476 Mack Energy Corporation Address Box 1359, Artesia, NM 88211-1359 P.O. Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of X New Well Dry Gas Recompletion Oil Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease Well No. Pool Name, Including Formation Lease Name X Rate: Federal xxx Fex X NM-86025 GB Jackson SR QN GB SA McIntyre DK Federal Location 330 Feet From The . West Feet From The South Line and 330 Unit Letter \_ Eddy County 30E NMPM, 17S 17 Township Range 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 X P.O. Box 159, Artesia, NM 88211-0159 Navajo Refining Company Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Suite 550, Midland, TX 79705 10 Desta Drive East Conoco, Inc. When ? Twp. If well produces oil or liquids, Sec. Rge. is gas actually connected? give location of tanks. | 17S | 30E 17 0 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover Deepen Plug Back Same Res'v Gas Well Oil Well Designate Type of Completion - (X) X P.B.T.D. Date Compl. Ready to Prod. Date Spudded 5080' 9-19-93 Elevations (DF, RKB, RT, GR, etc.) 10-11-93 Tubing Depth Name of Producing Formation 2995**'** <u> 3965 '</u> 3652.8 RKB Perforations San Andres 50891 2995'-3951' TUBING, CASING AND CEMENTING RECORD SACKS CEMENT **DEPTH SET** HOLE SIZE CASING & TUBING SIZE 300sx of ID-13 3/8" 255' 17 1/2" 700sx 12-31-9 12 1/4" 8 5/8" 1036**'** 1320sx romp V B 5 1/2" 7/8" 5099' V. TEST DATA AND REQUEST FOR ALLOWABLE 3965 (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.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test 10-18-93 10-20-93 Pumping Choke Size Casing Pressure Length of Test Tubing Pressure 24 hours Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. 58 310 31 **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing 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 NOV 2 9 1993 is true and complete to the best of my knowledge and belief. Date Approved \_\_\_\_\_ ORIGINAL SIGNED BY Bγ.

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Signature Crissa D.

Printed Name

Date

<u>10-27-</u>93

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

MIKE WILLIAMS

SUPERVISOR, DISTRICT IN

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Production Clerk

Title

748-1288

Telephone No

- 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.