

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

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Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Mack Energy Corporation P.O. Box 960 Artesia, NM 88211-0960		OGRID Number 013837
		Reason for Filing Code NW
API Number 30 - 0 15-28210	Pool Name Grayburg Jackson 7RVS-QN-GB-SA	Pool Code 28509
Property Code 006104	Property Name G J WEST COOP UT	Well Number 121

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
F	28	17S	29E		1712	North	1822	West	Eddy

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Lee Code S	Producing Method Code P	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
015694	Navajo Refining Company P.O. Drawer 159 Artesia, NM 88211-0159	1212610	O	0 21-T17S-R29E
009171	GPM Gas Corporation 4001 Penbrook Odessa, TX 79762	1212630	G	0 21-T17S-R29E

IV. Produced Water

POD 1212650	POD ULSTR Location and Description 0 21-T17S-R29E
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V. Well Completion Data

Spud Date 12-8-94	Ready Date 1-30-95	TD 5570'	PBD 4240'	Perforations 2678'-3712'
Hole Size 17 1/2"	Casing & Tubing Size 13 3/8"	Depth Set 130'	Sacks Cement 225 sx	
12 1/4"	8 5/8"	838'	425 sx	
7 7/8"	5 1/2"	5568'	995 sx	

VI. Well Test Data

Date New Oil 2-8-95	Gas Delivery Date 2-8-95	Test Date 2-9-95	Test Length 24	Tbg. Pressure	Csg. Pressure
Choke Size	Oil 75	Water 225	Gas 143	AOF	Test Method Pumping

I hereby certify that the rules 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>Crissa D. Carter</i>		OIL CONSERVATION DIVISION Approved by: ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR	
Printed name: Crissa D. Carter		Title:	
Title: Production Clerk		Approval Date: MAR 17 1995	
Date: 3-7-95	Phone: (505)748-1288		

If this is a change of operator fill in the OGRID number and name of the previous operator			
Previous Operator Signature	Printed Name	Title	Date

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED
"AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

22. The ULSR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)
23. The POD number of the storage from which water is moved from this property. If this is a new well or recompletion of a well, the POD has no number the district office will assign number and write it here.
24. The ULSR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)
25. MO/DA/YR drilling commenced
26. MO/DA/YR this completion was ready to produce
27. Total vertical depth of the well
28. Plugback vertical depth
29. Top and bottom perforation in this completion or casing shoe and TD if openhole
30. Inside diameter of the well bore
31. Outside diameter of the casing and tubing
32. Depth of casing and tubing. If a casing liner show top at bottom.
33. Number of sacks of cement used per casing string
- The following test data is for an oil well it must be from a test conducted only after the total volume of oil is recovered.
34. MO/DA/YR that new oil was first produced
35. MO/DA/YR that gas was first produced into a pipeline
36. MO/DA/YR that the following test was completed
37. Length in hours of the test
38. Flowing tubing pressure - oil wells
39. Shut-in tubing pressure - gas wells
40. Flowing casing pressure - oil wells
41. Shut-in casing pressure - gas wells
42. Diameter of the choke used in the test
43. Barrels of oil produced during the test
44. Barrels of water produced during the test
45. MCF of gas produced during the test
46. Gas well calculated absolute open flow in MCF/D
- The method used to test the well:
- Flowing
Pumping
Swabbing
If other method please write it in.
47. The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for question about this report
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person
1. Operator's name and address
2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
3. Reason for filling code from the following table:
NW New Well
RC Recompletion
CH Change of Operator
AO Add oil/condensate transporter
CO Change oil/condensate transporter
AG Add gas transporter
CG Change gas transporter
RT Request for test allowable (include volume requested)
- If for any other reason write that reason in this box.
4. The API number of this well
5. The name of the pool for this completion
6. The pool code for this pool
7. The property code for this completion
8. The property name (well name) for this completion
9. The well number for this completion
10. The surface location of this completion. NOTE: If the United States government survey designates a Lot Number for this location use that number in the "UL or lot no." box. Otherwise use the OCD unit letter.
11. The bottom hole location of this completion
12. Lease code from the following table:
F Federal
S State
P Foreign
J Jicarilla
N Navajo
U Ute Mountain Ute
I Other Indian Tribe
13. The producing method code from the following table:
F Flowing
P Pumping or other artificial lift
14. MO/DA/YR that this completion was first connected to a gas transporter
15. The permit number from the District approved C-129 for this completion
16. MO/DA/YR of the C-129 approval for this completion
17. MO/DA/YR of the expiration of C-129 approval for this completion
18. The gas or oil transporter's OGRID number
19. Name and address of the transporter of the product
20. The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.
21. Product code from the following table:
O Oil
G Gas