| | | | CIA |
|---|---|---|--|
| | y − State of | New Mexico | Form C-104 |
| Subnit 5 Copies Appropriate District Office DISTRICT | Energy, Minerals and N | latural Resources Department | SEP 0 1 1992 ¹ Bottom of Page |
| P.O. Box 1980, Hobbs, NM 88240 | OIL CONSERV | ATION DIVISION Box 2088 | |
| DISTRICT II P.O. Drawer DD, Aitesia, NM 88210 | Santa Fe, New | Mexico 87504-2088 | O. C. D. |
| DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 | REQUEST FOR ALLOW | ABLE AND AUTHORIZAT | |
| I. Operator | | | Well API No. |
| Mack Energy Corpor | | | |
| P.O. Box 276, Arte Reason(s) for Filing (Check proper box) | esia, NM 88210 | Other (Please explain) | |
| New Well | Change in Transporter of: |] Effective 8/1/ | 92 $P \neq I$ |
| Recompletion | Casinghead Gas Condensate |] | |
| If change of operator give name and address of previous operator Mari | bob Energy Corporation, | P. O. Drawer 217, A | rtesia, NM 88210 |
| II. DESCRIPTION OF WELL | TU (3) Well No (Pool Name, Inc) | ukling Formation | Kind of Lease Lease No. |
| WEST ARTESIA GRBG U | | QN GRBG SA | XMMXXXXXX or Fee |
| Location Unit LetterP | 400 Feet From The | S Line and330 · | Feet From The Line |
| 7 | 195 | 28E <u>, nmpm,</u> | EDDY County |
| | ······································ | | |
| III. DESIGNATION OF TRAN Name of Authonized Fransporter of Oil | SPORTER OF OIL AND NAT | | pproved copy of this form is to be sent) |
| Name of Authonized Transporter of Casin | ghead Gas or Dry Gas |] Address (Give address to which a | pproved copy of this form is to be sent) |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rg | | When 7 |
| If this production is commingled with that IV. COMPLETION DATA | from any other lease or pool, give commin | ngling order number: | |
| | Oll Well Gas Well | New Well Workover D | eepen Plug Back Same Res'v Diff Res'v |
| Designate Type of Completion | 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 |
| | | | Depth Casing Shoe |
| Perforations | | | |
| | TUBING, CASING AN CASING & TUBING SIZE | D CEMENTING RECORD DEPTH SET | SACKS CEMENT |
| HOLE SIZE | | | |
| | · · · · · · · · · · · · · · · · · · · | | |
| V. TEST DATA AND REQUE | ST FOR ALLOWABLE | | |
| OIL WELL (Test must be after | recovery of total volume of load oil and mi | ust be equal to or exceed top allowabl Producing Method (Flow, pump, g | e for this depth or be for full 24 hours.) as $1ifi, etc.$ $DDDCO(1 + D)$ |
| Date First New Oil Run To Tank | Date of Test | | G-11-02 |
| Length of Test | Tubing Pressure | Casing Pressure | G 19.9 |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbis. | Um- MCF |
| | | | |
| GAS WELL Actual Frod. Test - MCIVD | Length of Test | Bbls, Condensate/MMCI | Gravity of Condensate |
| Tosting Method (pirot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| | | | RVATION DIVISION |
| VI. OPERATOR CERTIFIC I hereby certify that the rules and regul | | | |
| I hereby certify that the tures and regulations of the information given above Division have been complied with and that the information given above is frue and complete to the best of my knowledge and belief. | | Date Approved <u>ORIGINAL SIGNED BY</u> | |
| 1 del 1 c | nilla | | MIKE WILLIAMS |
| Jignature | 10000 - | Ву | SUPERVISOR, DISTRICT II |
| Rhonda Nelson | Production Clerk Tide | Tille | |
| Printed Magle 993 | 748-3303 Telephone No. | | |
| | | | |

•

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. 2) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
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.