Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Antesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED SEP 0 1 1992

(1121 See Instructions at Bottom of Pag

## OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 0. C.D.

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST F	OR AL	LOWAE	BLE AND AUTHORIZ	ATION S			
I. TO TRANSPORT OIL AND NATURA					Well API No.			
Operator Mack Energy Corpora	ation 🗸							
P.O. Box 276, Artes	sia, NM 882	10		Other (Please explain	n)			
Reason(s) for Filing (Check proper box)	G	- Tongroo	eter of	Oulei (1 lease expans	"			
New Well	_ l	n Transpo ] Dry Ga	1 1	Effective 8/	1/92			
Recompletion		Conden	I3					
Change in Operator	Casinghead Gas			047	2 2 2 2 2 2	a NM S	38210	
and address or provides operated		rpora	tion,	P. O. Drawer 217,	Artesi	a, wi	0210	
II. DESCRIPTION OF WELL	ne Formation	ng Formation Kind of			ase No.			
Lease Name WEST ARTESIA GRAYBURG UNIT Well No. Pool Name, Includir 12 ARTESIA				QUEEN GRBG SA State, Fedgin XX TSXX E-7179			7179	
Location Unit LetterL	:1650	_ Feel Fr	om The	S Line and 990.	Fe	et From The _	W	Line
Section 8 Township 185 Range 28E				, NMPM,	EDDY County			
			D. BLATET	DAT CAR				
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil	SPORTER OF Conde	nsale		Address (Give address to which	h approved	copy of this fo	rm is to be sei	rt)
WIW  Name of Authorized Transporter of Casinghead Gas				Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids,	Unit Sec.	Twp.	Rge.	Is gas actually connected?	When	?		
give location of tanks.	l			ing order number:				
If this production is commingled with that f	rom any other lease of	r pool, gav	e community	ing order nameer.	<del></del>			
IV. COMPLETION DATA	Oil We	<u> </u>	Gas Well	New Well Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion		" ¦`	Jas 11011	i i	•			<u> </u>
Date Spudded	Date Compl. Ready	to Prod.		Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation				Top Oil/Gas Pay	Tubing Depth			
Perforations						Depth Casing	g Shoe	
·		CACI	NC AND	CEMENTING RECORD	)			
	CASING & TUBING SIZE			DEPTH SET	SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE			<u> </u>				
			<del></del>					
V. TEST DATA AND REQUES	T FOR ALLOW	ABLE			ushle for thi	e denth or he fi	or full 24 how	·s.)
OIL WELL (Test must be after re	ecovery of total volum	e of load	oil and must	be equal to or exceed top allow Producing Method (Flow, pur	on eas lift.	16.1 005	ted I	D. 2
ate First New Oil Run To Tank  Date of Test					7.0	Choke Size	9-11-	92
Length of Test	Tubing Pressure			Casing Pressure	Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.				
	<u></u>					·		
GAS WELL Actual Prod. Test - MCF/D Length of Test				Bbls. Condensate/MMCF	Gravity of Condensate			
Actual Prod. Test - MCIVE					Choke Size			
Testing Method (pitot, back pr.)				Casing Pressure (Shut-in)				
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					,	יבט ב	1002	
Division have been complied with and that the information given as the is true and complete to the best of my knowledge and being.				Date Approved	ـــــــ ا	SEP 1	1992	·
$\mathcal{L}$								
Thonda Milson				By ORIGINAL SIGNED BY				
Signature  Rhonda Nelson Production Clerk  Title				MIKE WILLIAMS  Title SUPERVISOR, DISTRICT II				
Printed Name AUG 2 8	100L	48-330 lephone N		Title				
Date	16	ichione i.	,	11		كرنسوني		

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.