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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

SEP 0 1 1992

DISTRICT II P.O. Drawer DD, Antesia, NM 88210	9	P.C), Bo	x 2088	4-2088	SEP	0 + 1996	4		
חופידוורד ווו		ınta Fe, Nev				0	C.D.	•		
1000 Rio Brazos Rd., Aztec, NM 87410	LE AND A	AUTHORIZ	ZATION	be again.	-1					
I	TOTRA	AND NA	TURAL GA	NS Wall A	Well API No.					
Operator		/								
Mack Energy Corpora	tion									
Address P.O. Box 276, Artes	ia, NM 882	10						· · · · · · · · · · · · · · · · · · ·	. <u></u>	
Reason(s) for Filing (Check proper box)				Othe	r (Please expla	in)				
New Well		Transporter of	'n	Effe	ective 8/	/1/92				
Recompletion	Casinghead Gas	Dry Gas Condensate					o NM	88210		
If change of operator give name and address of previous operator Marbo	ob Energy Co	rporatio	n, I	o. O. Dr.	awer 217	, Artesi	a, IVII	00210		
II. DESCRIPTION OF WELL A			Vind o	{ Lease	Le	se No.				
Lease Name To T Well No. Pool Name, including					QUEEN GRBG SA State, I			XX OG-	703	
WEST ARTESIA GRAYBURG U	ONIT 6	ARIB	OIA.	QUIIII O	KDO DII					
Unit LetterG	:2310	_ Feet From Th	e	V Line	and19	80Fee	t From The _	E	Line	
Section 8 Township	185	Range		28E , NI	ирм,	EDL	ΣY		County	
THE DESIGNATION OF TRANS	SPORTER OF O	IL AND NA	TUI	AL GAS				h	 1	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATUR					1100000					
WIW Name of Authorized Transporter of Casingle	nead Gas	or Dry Gas		Address (Giw	e address to wh	ich approved	copy of this fo	orm is to be sen	<i>(</i>)	
If well produces oil or liquids, Unit Sec. 'Twp. Rge.				is gas actually connected? When			7			
give location of tanks.				an order numb		!		· · · · · · · · · · · · · · · · · · ·		
If this production is commingled with that for IV. COMPLETION DATA	om any other lease of	poor, give com	nımışıı	ing Otoci man				····	· · · · · · · · · · · · · · · · · · ·	
	Oil Wel	Gas W	cil	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	(X) L			Total Depth	L	1	P.B.T.D.	l	.l	
Date Spudded Date Compil. Ready to Prod.				•						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations				l			Depth Casin	g Shoe		
	ma in in in	CARING	NID	CEMENTI	NG RECOR	D	<u>!</u>			
1101 5 0175	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
HOLE SIZE	O/Ionto U Touri									
V. TEST DATA AND REQUES	T FOR ALLOW	ABLE		I			ومراسم المسالي	Car full 2d kaut	e 1	
OIL WELL (Test must be after re	T FOR ALLOW covery of total volume	e of load oil and	i must	be equal to or	exceed top allo ethod (Flow, pu	owable for thu omn eas lift, e	ic.) \bigcirc	Stad I	<u> </u>	
Date First New Oil Run To Tank	Date of Test			Producing M	emon trion, by	41401 8-0 1911 -	1	9-	11-92	
T. A. A.Td	ub of Test Tubing Pressure				ire		Choke Size Chg Op			
Length of Test				=======================================			Gas-MCF			
Actual Prod. During Test	Oil - Bbls.	 		Water - Bbls.	i					
				l				•		
GAS WELL	WELL Dead Test - MCI/D Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate		
Actual Prod. Test - MCF/D							Choke Size			
l'osting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shui-in)			(1020 512			
VI. OPERATOR CERTIFICATE OF COMPLIANCE					DIL CON	ICEBV	MOITA	DIVISIO	N	
is the the rules and regulations of the Oil Conservation						VOLITY/	(110.1			
Division have been complied with and that the information given above is true and complete to the best of my knowledge and helief.				Date Approved SEP 1 1992						
is true and complete to all other					ORIGINAL SIGNED BY					
Thonda Millon				By ORIGINAL SIGNED BY MIKE WILLIAMS						
Signature Production Clerk				MIKE WILLIAMS SUPERVISOR, DISTRICT II						
Printed Name Title					Title					
AUG 2 8 19		48-3303 lephone No.				,			المراقع النوي النوي والم	

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

Date

- 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.
 - Sanarate Form C-104 must be filed for each pool in multiply completed wells.