			CISE
Submit 5 Copies Appropriate Distuict Office		New Mexico atural Resources Department	is CEIVED Form C-104 Revised 1-1-89 See Instructions
<u>DİSTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERV	ATION DIVISION	SEP - 1 1992 at Bottom of Page ()
DISTRICT II P.O. Drawer DD, Antesia, NM 88210	P.O. E	30x 2088 1exico 87504-2088	C. 2. D.
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALLOWA	BLE AND AUTHORIZAT	TION
I.	TO TRANSPORT OI	LAND NATURAL GAS	Well API No.
Mack Energy Corpor	ration 🖌		
Address P.O. Box 276, Arte	esia, NM 88210		
Reason(s) for Filing (Check proper box) New Well	Change in Transporter of:	Diher (Please explain) Effective 8/1/	92
Change in Operator	Casinghead Gas Condensate		
If change of operator give name and address of previous operator Marl	bob Energy Corporation,	P. O. Drawer 217, A	rtesia, NM 88210
II. DESCRIPTION OF WELL Lease Name TURKEY TRACK UNIT	SIC 2 Well No. Pool Name, Inclus	ding Formation RACK QUEEN GRBG	Kind of Lease Lease/No. State, Faderal or Fee B-8876
Location		N Line and	Feet From TheELine
	100 -		EDDY County
Section 3 Townshi	np		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil TA	VSPORTER OF OIL AND NATU	Address (Ulve dadress to which a	pproved copy of this form is to be sent)
Name of Authorized Transporter of Casin	ohead 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.	F 3 19 29	Is gas actually connected?	When 7
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give comming	ling order number:	· · · · · · · · · · · · · · · · · · ·
Designate Type of Completion	Oil Well Gas Well	New Well Workover D	eepen Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compi. Ready to Prod.	Tc'al Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TURING CASING AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		-	
V. TEST DATA AND REQUES	ST FOR ALLOWABLE	· · · · · · · · · · · · · · · · · · ·	
OIL WELL (Test must be after r	recovery of total volume of load oil and muss Date of Test	t be equal to or exceed top allowabl Producing Method (Flow, pump, s	e for this depth or be for full 24 hours.) as lift, etc.) posted ID-3
Date First New Oil Run To Tank			Choke Size Choco D
Length of Test	Tubing Pressure	Casing Pressure	Gas-MCF
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	
GAS WELL			Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	
Testing Method (pirot, back pr.)	Tubing Pressure (Shui-in)	Casing Pressure (Shut-in)	Choke Size
VI. OPERATOR CERTIFIC	LATE OF COMPLIANCE		RVATION DIVISION
I hereby certify that the rules and regulations 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.		SEP # 1 1992	
Khonda Nelson			ORIGINAL SIGNER MIKE WILLIAND SUPERVISOR, DISTRICT II
Signature Rhonda Nelson	Production Clerk		
Printed Name AUG 2 8 19		Title	
Date	Telephone No.		

a so an all a safe in teater 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

All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.