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Subnut 5 Copies Appropriate Distuict Office	State Energy, Minerals an	e of New Mexico d Natural Resources Department	S.J.CEIVED	Form C-104 L1 Revised 1.1.89 GT See Instructions	
DISTRICT J P.O. Box, 1980, Hobbs, NM 88240		RVATION DIVISION	Ster - 1 1992	at Bottom of Partop	
DISTRICT II P.O. Drawer DD, Aitesia, NM 88210	P.	O. Box 2088 w Mexico 87504-2088			
DISTRICT III 1000 Rio Brazos Rd., Azlec, NM 87410		WABLE AND AUTHORIZA	TION		
I.	TO TRANSPORT	TOIL AND NATURAL GAS	Well API No.		
Mack Energy Corpor	cation /				
Address P.O. Box 276, Arte					
Reason(s) for Filing (Check proper box)		Other (Please explain)			
New Well	Change in Transporter o Oil Dry Gas	Effective 8/1/	/92		
Change in Operator	Casinghead Gas Condensate	Dn, P. O. Drawer 217, 1	Artesia, NM 88	210	
and address of protions of protions				·······	
II. DESCRIPTION OF WELL	7 2 Well No. Pool Name, I	Including Formation Y TRACK SR QN GRBG	Kind of Lease State, Foderal or Foe	Lease No. B-8876	
TURKEY TRACK UNIT	······		H . F The	F Line	
Unit Letter <u>H</u>	: 1650 Feet From Th		Feet From The	County	
Section 3 Townshi		29E , NMFM,	EDDY	Cuuny	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		riou cas (crite case of the			
NAVAJO REFINING CO		P.O. BOX 159, A Address (Give address to which a	RTESIA, NM 882	is to be sent)	
Name of Authorized Transporter of Casin	ighead Gas X or Dry Gas [4001 PENBROOK			
GPM CORPORATION If well produces oil or liquids, give location of tanks.	Unit Sec. Twp.	Rge. Is gas actually connected?	When 7		
If this production is commingled with that	from any other lease or pool, give com	uningling order number:		······································	
IV. COMPLETION DATA	Oll Well Gas W	ell New Well Workover L	Deepen Plug Back Sau	ne Res'v Dill Res'v	
Designate Type of Completion Date Spudded	- (X) June Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Name of Producing Formation	Top Ol/Gas Pay	Tubing Depth	Tubing Depth	
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Depth Casing Shoe	
Perforations					
······································		AND CEMENTING RECORD	SAC	KS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			
V. TEST DATA AND REQUES OIL WELL (Test must be after 1	ST FOR ALLOWABLE recovery of total volume of load oil and	d must be equal to or exceed top allowab	le for this depth or be for f	ull 24, hours.)	
Dale First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump,	1 1 1 1	9-11-92	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	Chqup	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	GM- MCF		
GAS WELL			Gravity of Cond	-nt210	
Actual Prod. Test - MCI/D	Length of Test	Bbls. Condensate/MMCI ²			
Feeling Method (pitor, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shui-in)	Clioke Size		
VI. OPERATOR CERTIFIC	L ATE OF COMPLIANCE		ERVATION DI	VISION	
I hereby certify that the rules and regulation is a second s	that the information give bove				
			Date ApprovedSEP 1992		
is true and complete to the total in the	Milson	- By	ORIGINAL SIGNED BY		
Signature Rhonda Nelson	Production Clerk	S	SUPERVISOR, DIST	RICT #	
Printed Name AUG 2 8 19	Title 748-3303	Title	·····		
Date	Telephone No.				
	n is to be filed in compliance w	vith Rule 1104		takan in accordance	

1NSTRUCTIONS: 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 accor with Rule 111.

All sections of this form must be filled out for allowable on new and recompleted wells.
 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.
 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.