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 Revised 1-1-89 See Instructions at Bottom of Page

O. C. D.

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	DECLIEST F		OWAF	RIFAND	AUTHOF	IZATION				
I.	REQUEST FOR ALLOWABLE AND AUTHORIZAT TO TRANSPORT OIL AND NATURAL GAS						Well API No.			
Operator Mack Energy Corpora										
Address P.O. Box 276, Artes		10								
Reason(s) for Filing (Check proper box)	51a, MI 002			Oth	er (Please exp	riak (niak				
New Weil	Change i	n Transport	ter of:			- 44 400				
Recompletion	Oil 🗆	Dry Gas		Eff	ective	8/1/92				
Change in Operator	Casinghead Gas	Condens	ale							
	oob Energy Co	rporat	tion,	P. O. Dr	awer 21	7, Artesi	a, NM 882	10	 	
II. DESCRIPTION OF WELL	AND LEASE	- E-mation Kind c			of Lease No.					
Lease Name	Well No. Pool Name, Includi			State,			FANNING TSEX B-1266			
STATE "I"	14	EMP.	IRE AB	0						
Location Unit Letter P	660	_ Feet Fro	m The	S Line	e and	810 Fe	et From The	<u>E</u>	Line	
Section 29 Townshi	p 17S	Range	29E	, NI	мрм,	EDDY			County	
THE PROPERTY OF THE AM	CDODTED OF (SII. AND	NATU	RAL GAS						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	or Conde	ensate L	7 11/11/07	Address (Give	e address to t	which approved	copy of this form i	s to be sen	u)	
TA										
Name of Authorized Transporter of Casinghead Gas or Dry Gas				Address (Gin	e address 10 v	vhich approved	copy of this form i	s to be sen	u)	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.	Rge.	Is gas actually connected? When ?						
If this production is commingled with that	from any other lease o	r pool, give	commingl	ing order numl	ber:					
IV. COMPLETION DATA							Div. Donk Com	a Dae'u	Diff Res'v	
n i F - Cletion	Oil We	11 G:	as Well	New Well	Workover	Deepen	Plug Back Sam	ie ves A	I I	
Designate Type of Completion		In Prod		Total Depth	l	_l	P.B.T.D.		.1	
Date Spudded	Date Compi. Ready	W I lod.								
Elevations (DF, RKB, RT, GR, etc.)	evalions (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations	<u></u>			l <u></u>			Depth Casing Sh	oe .		
	TURING	CASIN	G AND	CEMENTI	NG RECO	RD	<u>.'</u>			
1101 E 8175	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE			DEPTH SET			Fasted TD 3			
HOLE SIZE										
							1-11-9	2		
							alig C			
				<u> </u>	-					
V. TEST DATA AND REQUES	ecovery of total volum	(ABLE	il and must	he equal to or	exceed top a	Howable for thi	s depth or be for fu	il 24 hour	s.)	
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Test	e oj ioda oi	H BING MASS	Producing Mo	ethod (Flow,	pump, gas lift, e	ic.)			
Date First New Oil Ruil 10 1am	Date of Year						Choke Size			
Length of Test	Tubing Pressure			Casing Pressure			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCr				
CACAVELI				· · · · · · · · · · · · · · · · · · ·						
GAS WELL Actual Prod. Test - MCF/D	Bbls. Condensate/MMCF			Gravity of Condensate						
				×	764 !=V		Choke Size			
Tosting Method (pitot, back pr.)	Tubing Pressure (Shu		Casing Pressure (Shut-in)							
VI. OPERATOR CERTIFIC	ATE OF COM	PLIAN	CE		OIL CO	NSERV	ATION DIV	/ISIO	Ν	
I hereby certify that the rules and regulations of the Oil Conservation				Data Approved SEP 1 1992						
is true and consplete to the best of thy knowledge and belief.				Date Approved						
Khonda Milson				ORIGINAL SIGNED BY						
Signature				By MIKE WILLIAMS SUPERVISOR, DISTRICT II						
Rhonda Nelson Printed Name Allo a a special		Title	·····	Title	·					
AUG 2 8 1992		18-330								
	Te'	lephone No) .	11						

18 p. robots have the a sta 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.
 4) Separate Form C-104 must be filed for each pool in multiply completed wells.