District I PO Box 1980, Hobbs, NM \$8241-1980

District [[

PO Drawer DD, Artesia, NM 22211-0719

State of New Mexico Energy, Minerals & Natural Resources Department

Form C-1(Revised February 10, 199 Instructions on base)ffic

District III 1000 Rio Braz		- NM 97410			PO 1	VATION Box 2088	3		Sub	mit to Ap	propriate l	District Offi 5 Copi	
District IV				San	ita Fe, I	NM 8750	4-2088			_	AACEATO	ED REPOR	
PO Box 2088, . I.	Santa Fe, !	VM 87504-2001 REOUES	T FOR	ATTOU	/ARIE	ANTO AT	י או זיייי)	TON TO T			ED KEPOR	
			Operator	name and Ac	kires	AND A	JIHUR	(IZA)	TON TO T		ORT	·	
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		00211-	-0900										
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30 - 0 25	San And	San Andres 43329											
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006150			Mille	r BX									
II. 10		Location	1		. (3		
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11	Bottom	Hole Lo	cation	-1		7	NOIL	.11	660	East		Lea	
UL or lot no.	Section	Township	Range	Lot Ida	Foot I	from the	North/South line		Feet from the	East/West	line	County	
			_ [.								-	COLLY	
12 Lee Code	13 Produc	ing Method Co	ode ¹⁴ Ga	Connection	Date 1	C-129 Perm	i Number	7	C-129 Effective [l Date	17 C-129 Exp	Indian Data	
F]	<u> </u>									Citas Exp	THE PER	
III. Oil au	nd Gas	Transpor	ters						······································				
"Transpor	ter	19	Transporter			" POI	5 1	и O/G	<u> </u>	POD ULST	P I certica		
			and Address								and Description		
015694		lavajo Re	efining	Compan	1205310	205310 0							
. A (.O. Box		11 015			(1)			Unit I: Sec 14-T17S-R32E			
		rtesia.	NM 887	211-015	9		<u></u>				 		
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. Well C	omplet	ion Data	<u> </u>	ec 14	11/3-K3	ZE					•		
Spu	d Date		2 Ready De	ule		# TD			» РВТО		M.D. d.		
									1010		H Perforations		
3 4	Hole Size		11 Casing & Tubing Size			12 Depth Set				9 6	¹⁰ Sacks Cement		
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I Wall 7	Cost D-												
I. Well T	est Da												
		и Gas Deli	very Date	* Т	est Date	7 Test Length		b	³¹ Tbg. Press	ure	M Csg. Pressure		
"Choke S	" Choke Size		Oil Wate		Water		⁴ Gas		" AOF		4 Test Method		
I hereby certify	that the role	s of the Oil C-	nsemetica Pi	data									
	month of the	given above is t	rue and compl	lete to the bea	ca complied t of my		OII	CONT	CEDVATIO	\			
iowledge and bei gnature:	uer.	7	١ /	1	•				SERVATIO				
	(_	riga	<u> </u>	arte		Approved b	y: Ozigen	<u> </u>	NEO BY JERR	V COVIA	N)		
inted name:	<u>Cri</u> ss	a D. Car	ter			Title:		DISTRIC	T SUPPOS	OR OR	4		
Crissa D. Carter Droduction Clerk						Approval Date: JAN 1 0 1995							
ile:	16/95			(E) 7/0	1000				- 0 1333				
If this is a char			OGRID nucl	5) 748	-1288	ــــــــــــــــــــــــــــــــــــــ							
	• •		UUE	~. and nam	e of the brev	nous operator							
ı	Previous Op	erator Signatu	re			Putara s	In						
						Printed N	#IDE			Title		Date	

EVED

g g 1995

Submit 5 Copies
Appropriate District Office
DISTRICT 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

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQ	UEST F	OR A	LLOWA	BLE AND	AUTHORI TURAL GA	ZATION						
I.	45 Well	Well API No.											
Operator Mack Energy Corpor	ation							30-025-00545					
Address 276 Arts	cia N	м 882	10										
P.O. Box 276, Arte Reason(s) for Filing (Check proper box)	SIA, N	H 002			Oti	ier (Please expli	ain)						
New Well		Change in	, ,	[]	tr.£.4	ective 8	/1/92						
Recompletion	Oil		Dry G		Ell	ective o	/ 1/ 52						
Change in Operator		ad Gas				. 247	Antog	ia NM	88210				
All Modifies of Provides of			rpora	ation,	P. O. Di	cawer 217	, Artes.	La, Mi	00210				
II. DESCRIPTION OF WELL	AND LE	Well No.	Pool N	lame, Inclu	ding Formation		Kind	of Lease		ease No.			
Lease Name MILLER BX		3			GRBG SA		XS(z)e,	FederalXXKe	LC-0	61842			
Location Unit Letter H	_ :2	030	_ Feet F	ion The _	NORTH Lin	ne and660	· F	et From The	EAST	Line			
Section 14 Townshi	i <u>p 1</u>	7S	Range	32	2E , N	мрм,		LEA		County			
III. DESIGNATION OF TRAN	SPORTI	ER OF O	IL AN	D NAT	URAL GAS			i of this f	orm is to he se	en()			
Name of Authorized Transporter of Oil	L X -J	or Conce	nsale		Montes	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2528, HOBBS, NM 88240							
TEXAS-NEW MEXICO PIE		CO X	or Dry	Gas [Address (Gi	ve address to wi	hich approved	copy of this f	copy of this form is to be sent)				
Name of Authorized Transporter of Casin CONOCO, INC.	gnead Gas				P.O. BO	X 460, H	OBBS, N	4 88240	88240				
If well produces oil or liquids, give location of tanks.	Il produces oil or liquids, Unit Sec. Twp. Rge. Is				e. Is gas actual	ly connected?	When	7					
If this production is commingled with that	from any o	ther lease or	pool, g	ive commin	gling order nun	nber:							
IV. COMPLETION DATA							Deepen	Plug Back	Same Res'v	Diff Res'v			
Designate Type of Completion	- (X)	Oil Wel	.i. j.	Gas Well	New Well	MOIKOVEI	Deepen	1.08 2-00	1	_i			
Date Spadded		npl. Ready I	o Prod.		Total Depth	_L	_L	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Top Oil/Gas	Pay		Tubing Depth									
	0				Depth Casing Shoe								
Perforations				•									
		TUBING	, CAS	ING AN	D CEMENT	ING RECOR	<u> </u>		21010 051	IFAIT			
HOLE SIZE	THE PROPERTY OF THE PROPERTY O								SACKS CEMENT				
					_								
					-								
	-							<u> </u>					
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR	ALLOW	ABLE	<u>.</u>	ha agual ta a	r exceed top all	owable for th	is depth or be	for full 24 hou	ers.)			
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of 7		oj 1000	ou ana mi	Producing M	lethod (Flow, p	ump, gas list,	elc.)					
					Casing Presi	sure		Choke Size	Choke Size				
Length of Test	Tubing P	ressure						- assence	Gas-MCF				
Actual Prod. During Test	Oil - Bbl	Oil - Bbls.			Water - Bblo	S.		Uas-Inci	,				
GAS WELL	Length of							Gravity of C	Condensate				
Actual Prod. Test - MCF/D		Bbis. Conde	nsate/MMCI [†]		Gravity of Condensate								
Testing Method (pitot, back pr.)						aure (Shut-in)		Choke Size					
_	LATER O	E COM	DI IA1	NCE	-	011 00:	1000	ATION	חווופוכ)VI			
VI. OPERATOR CERTIFIC	lations of th	e Oil Consei	rvauon		- (OIL CON	NOEH V) I Y			
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 order.						Date ApprovedSEP 1 1 '92							
is true and complete to the best till in.	1/2	. <i>)</i>							,				
Khonda Nelson						By ORIGINAL SIGNED BY JERRY SEXTON							
Signature Rhonda Nelson	<u>rk</u>	DISTRICT I SUPERVISOR Title											
Printed Name		74	Tide 18-33	03	Title								
AUG 2 8 1992			ephone l							1 1 1 1 1 1 1 1 1 1 1 1			

and the street seattle to be absolute to the contract of the property of the seattle s

- 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. with Rule 111.
- 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.

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		O TRA	NSP	ORT OIL	<u>. AND NA</u>	TURAL G	AS Wall	ADI No		,				
Operator	_					i	Well API No. 30-025-00545							
Marbob Energy Corpor	ation					· · · · · · · · · · · · · · · · · · ·	30-	023-0034						
Address P. O. Drawer 217, Ar	tesia,	NM 88	8210											
Reason(s) for Filing (Check proper box)						et (Please expli								
New Well		Change in	Transpo	orter of:	' Conve	erted fro	om injec	tion to	produci	ng well.				
Recompletion	Oil		Dry Ga	15	Reque	esting al	llowable	•						
Change in Operator	Casinghead	Gas 🔲	Conden	isate										
If change of operator give name														
and address of previous operator	 									,				
II. DESCRIPTION OF WELL	AND LEA	SE								ease No.				
Lease Name Miller BX		Well No. 3		ame, Includi jamar G	ng Formation		of Lease FederalXiKRe		LC-061842					
Location			L											
Unit Letter H	: 203	80	Feet Fr	om The <u>No</u>	rth Lin	and660) [.] Fe	et From The .	East	Line				
Section 14 Township 17S Range 32E , NMPM, Lea Cou														
III. DESIGNATION OF TRANS	SPORTER	OF OI	L AN	D NATU	RAL GAS			6.11:-		-4				
Name of Authorized Transporter of Oil	ראו י	or Conden		$\overline{}$	Address (Giv	e address to wh				nu)				
Texas-New Mexico Pi					P. O. Box 2528, HObbs, NM 88240									
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent P. O. Box 460, HObbs, NM 88240														
Conoco, Inc.										 				
If well produces oil or liquids,	Unit !	Sec.	Twp.	Rge.	Is gas actuali		When							
give location of tanks.	<u> </u>		<u> </u>	<u> </u>	J	e <i>s</i>		2/20/92						
If this production is commingled with that f	rom any other	r lease or p	pool, giv	e commingli	ing order num	er:								
IV. COMPLETION DATA		,			<u> </u>		1 8	Diva Dask	Same Res'v	Diff Res'v				
Designate Type of Completion -		Oil Well	i	Gas Well	New Well	Workover X	Deepen	Plug Back	Same Kes v	Dill Resv				
Date Spudded	Date Compi	. Ready to	Prod.		Total Depth			P.B.T.D.						
2/10/92	2/2	20/92				380 '		4365'						
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Fo	rmation		Top Oil/Gas	Pay		Tubing Depth						
4097' DF	Graybu	rg San	And	res	3984			4329						
Perforations 3984-90, 4046-	52, 407	2-85,	4094	- 99, 41	111-14,	4123-28,		Depth Casing Shoe						
4213-21, 4232-4235, 42	50 - 53,	<u>4264-8</u>	31, 4	313-2-	<u>, 4332-3</u>	6		4379'						
	T	JBING,	CASII	NG AND	CEMENTI.	NG RECOR	<u>D</u>	CACKS CEMENT						
HOLE SIZE		ING & TU			DEPTH SET			SACKS CEMENT						
12 1/4"	8 5/8" (existing				1			135 sx						
7 7/8"		5 1/2 <u>"</u> 2 7/8"		isting,				1415 sx						
	' (ne	w)		4239'										
	TOD I	I TOTAL	DIE					<u> </u>						
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR A	LLUWA	TRITE	ومدين المسمر الم	he equal to or	exceed top allo	owable for thi	s depth or be	for full 24 hou	rs.)				
OIL WELL (Test must be after re	ecovery of low	al volume	oj ioda i	ou ana musi	Producing M	thod (Flow, pu	ump, gas lift, e	tc.)	<u> </u>					
Date First New Oil Run To Tank	Date of Test				Pump			•						
2/20/92	 	1/92			Casing Press			Choke Size						
Length of Test	Tubing Pres	STILE												
24 hrs.	O'I Bile				Water - Bbls.			Gas- MCF						
Actual Prod. During Test	Oil - Bbls.	, 4				110		6						
	1							,						
GAS WELL Actual Prod. Test - MCF/D	Length of To	est			Bbls. Conden	sate/MMCF		Gravity of C	Condensate					
Actual Prod. 1est - MCPID	Langua or 1													
The North and Control brock at 1	Tubing Pres	sure (Shut-	-in)		Casing Press	ire (Shut-in)		Choke Size						
Testing Method (pitot, back pr.)								<u></u>						
AN ODED ATOD CEDITIES	ATE OF	COMP	IJAN	ICE		>II	10E51	ATION!	טואופוע	NI.				
VI. OPERATOR CERTIFICATION OF THE PROPERTY OF	CELLS OF the C	Oil Consen	vation		(OIL CON	12FH A	4 I IUN	אופואות	NI N				
I hereby certify that the rules and regula Division have been complied with and t	hat the inform	nation give	n above	MAR 2 6										
is true and complete to the best of my k	nowledge 3410	1 belief.		1	Date Approved									
T_{ij} , T_{ij}	//.			Orig. Signed by.										
thorde 1	$\mathcal{L}\mathcal{L}\mathcal{L}$	1			II D. Doub Kalung									
Signature					By Paul Radius Geologist									
Rhonda Nelson	Produc	tion		<u>k</u>										
Printed Name		71	Title	12	Title									
2/20/92			<u>9-330</u> phone N											
Date		1 515	hiving 14		!!					1 1 1 2 L				

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