District I PO Box 1960, Hobbs, NM 58241-196	0	Sta Energy, Min	ate of Nev erals & Natural	Mexico			Form C-1			
District [] PO Drawer DD, Artesia, NM 88211-	171.0			-	Revised February 10, 19 Instructions on ba					
District III 1000 Rio Brazos Rd., Aztec, NM 874		OIL CON	ISERVAT PO Box Fe, NM	Sut	Submit to Appropriate District Offi 5 Copi					
District IV PO Box 2088, Santa Fe, NM 87504-2		Jana	10, 14141	57304-200	66			] AMENDED REPOR		
	ST FOR	ALLOWA	BLE ANI	O AUTHO	ORIZA'	TION TO T	RANSF			
Mack Energy Corpo	Operator	name and Addre				Т		D Number		
P.O. Box 960					(	01383				
Artesia, NM 8821	1-0960				·	12		r Fling Code		
' API Number			* Po	ol Name	<u> </u>	CO E	fectiv	e 3/1/95		
30 - 025-00546	Malja	amar Gray	1.3	' Pool Code 329						
' Property Code			' Prop	erty Name				* Weil Number		
II. <sup>10</sup> Surface Location	<u>Mille</u>	er BX						4		
Ul or lot no. Section Townshi		Lot.Ida	Feet from the	North	South Line	I E de di				
A 14 17S	32E					Feet from the	East/Wes	t line County		
<sup>11</sup> Bottom Hole L			660	<u> </u>	<u>rth</u>	660 East Lea				
UL or lot no. Section Townsh	and the second	Lot Ida	Feet from th	e North	South line	Fort from the	East/West	H		
								Ene County		
13 Las Code 13 Producing Method	Code <sup>14</sup> Ga	Connection Da	Le <sup>La</sup> C-129	Permit Numb	er	" C-129 Effective	Date	17 C-129 Expiration Date		
F P										
III. Oil and Gas Transporter	"Transporter	Nome								
OGRID	and Addr			" POD	<sup>21</sup> O/G	I	POD ULS	R Location		
015694 Navajo	Refining	Company	1205	310	0					
P.O. Bo		211-0159	1205	510	i de la compañía de la	Unit I:	Sec 14-	T17S-R32E		
ALCESIA	<u>. 1911 00</u>	211-0159								
<b>建一日,一日,一日</b>					d.					
V. Produced Water						•				
POD			" POI	ULSTR Loca	tion and De	scription		1		
1205350 . Well Completion Data	Unit I:	<u>Sec 14-</u>	<u>-T175-R32</u>	E						
Spud Date	<sup>24</sup> Ready Da					······				
			" TD	) 		" PBTD		* Perforations		
M Hole Size	й (	asing & Tubing	Size		Depth Set					
					orpe ou			iacks Cement		
	1									
· · ·	1									
I. Well Test Data	- <b>*</b>		<u>_</u>							
	clivery Date	<sup>36</sup> Test Date		" Test Length		" Tog. Press	ure	<sup>34</sup> Csg. Pressure		
** Choke Size 4	OU	4 Water		<sup>a</sup> Gus		" AOF		" Test Method		
I hereby certify that the rules of the Oil ith and that the information given above i nowledge and belief.	Conservation Division true and comp	vision have been o lete to the best of	complied my			SERVATIO				
gnature: Cripta	$\wedge \land$	te	·	oved by:	_ 0011		ואום הי			
inted name:		le		Ogicii	<u>VAL 963</u>	AND BY SPRAY	SEXTON	1		
Crissa D. Carter				The DISTRICT I SUPERVISOR						
Production (				Approval Date: JAN 10 1995						
110101	Phone: (50	<u>)5) 748–12</u>	288			X_				
If this is a change of operator fill in the	OCRID									
If this is a change of operator fill in th Previous Operator Signa	e OGRID aumi	ber and name of	the previous op	retor						

Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Attesia, NM 88210 DISTRICT III		OIL(	Minerals	and Nat ERVA P.O. B	ew Mexico ural Resources Department ATION DIVISION Dx 2088 exico 87504-2088		Form C-104 Revised 1-1-89 See Instructions at Bottom of Page	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 I.	REQU	JEST F	OR AL	LOWAE	BLE AND AUTHORIZA AND NATURAL GAS			
Operator Mack Energy Corpora	ition							
Address P.O. Box 276, Artes	sia, M	1 882	10		Other (Please explain)			
Reason(s) for Filing (Check proper box) New Well Recompletion	Oil Casinghea	Change in	Transpor Dry Gas Condens		Effective 8/1/	/92		
	ob Ene:	rgy Co.	rpora	ion,	P. O. Drawer 217, A	Artesia, NM 88	3210	
II. DESCRIPTION OF WELL / Lease Name MILLER BX	AND LE	ASE Well No. 4	4		ng Formation GRBG SA	Kind of Lease State, Federal of Kare	Lease No. LC-061842	
Location Unit LetterA	:66	0	Feel Fro	m The NC	RTHLine and660	Feet From The	EAST Line	
Section 14 Township	17S		Range	32E	, NMFM,	LEA	County	
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil TEXAS-NEW MEXICO PIPE	LINE C	or Conder	1521e [		RAL GAS Address (Give address to which o P.O. BOX 2528, HOB Address (Give address to which o	BS, NM 88240		
Name of Authorized Transporter of Casingle CONOCO, INC.	porter of Casinghead Gas X or Dry Gas				P.O. BOX 460, HOBB			
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 for IV. COMPLETION DATA	ioin any of	ter lease or	pool, give	commingl	ing order number:			
Designate Type of Completion -		Oil Well	G	as Well	New Well   Workover   I	Deepen   Plug Back  Si	ame Res'v Diff Res'v	
Date Spudded		pl. Ready 14	o Prod.	<u> </u>	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing F	onnation	<u></u>	Top Oil/Gas Pay	Tubing Depth		
Perforations			<u></u>			Depth Casing	Shoe	
· · · · · · · · · · · · · · · · · · ·	7	UBING.	CASIN	G AND	CEMENTING RECORD	I		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET	SA	CKS CEMENT	
			ADIE					
V. TEST DATA AND REQUES OIL WELL (Test must be after re Date First New Oil Run To Tank	r FOR A covery of to Date of Te	otal volume	of load of	l and must	be equal to or exceed top allowab Producing Method (Flow, pump,	ile for this depth or be for gas lýî, etc.)	full 24 hours.)	
Length of Test	Tubing Pressure				Casing Pressure	Choke Size	Choke Size	
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.	Gas- MCF		
GAS WELL Actual Frod. Test + MCF/D	Length of	l'est			Bbls. Condensate/MMCI <sup>2</sup>	Gravity of Con	densate	
issing Method (pilor, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)	Choke Size		
VI. OPERATOR CERTIFICA I hereby certify that the rules and regulat Division pave been complied with and th is true and complete to the best of guy kn Monda	ions of the lat the infor	Oil Conser mation give	vation	CE	Date Approved		1'92	
Signature			Clarb		By ORIGINAL SIGNAL SIGN			
Signature         Production         Clerk           Rhonda         Nelson         Title           Printed Name         Title           AUG 2 8         1992         748-3303           Telephone No.         Telephone No.					Title			
Dale 		filed in c						

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.