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 Rottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Antesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Ĭ Well Al'I No. Operator Mack Energy Corporation Address P.O. Box 276, Artesia, NM 88210 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: New Well Effective 8/1/92 Dry Gas Oil Recompletion Casinghead Gas Condensate Change in Operator \overline{XX} If change of operator give maine and address of previous operator Marbob Energy Corporation, P. O. Drawer 217, Artesia, NM II. DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease XXXe, Federal oX Ket Pool Name, Including Formation Well No. Lease Name LC-061842 MALJAMAR GRBG SA MILLER BX 6 Location 1980 Feet From The SOUTH Line and 1980 Feet From The Unit Letter _ County LEA , NMPM, 32E 17S Range Township Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) e of Authorized Transporter of Oil

A Injection Well or Condensate Address (Give address to which approved copy of this form is to be sent) or Dry Gas Name of Authorized Transporter of Casinghead Gas When ? is gas actually connected? Rge. Twp. If well produces oil or liquids, Unit Sec. give location of tanks If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Diff Res'v Plug Back Same Res'v New Well | Workover Deepen Gas Well Oil Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT **DEPTH SET** CASING & TUBING SIZE HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas- MCF Water - Bbls. Oil - Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test - MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) l'osting Method (pitot, back pr.) OIL CONSERVATION DIVISION VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation SEP 11'92 Date Approved _

Division have been complied with and that the information given above is true and complete to the best of my knowledge and beliefe.

Signature

Rhonda Nelson Print AUG 2 8 1992 Clerk Title

748-3303 Telephone No.

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

Title.

By ORIGINAL SIGNED BY JERRY SEXTON DICTRICT I SUPERVISOR

- 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.