	\$ m.			
Subnut 5 Copies Appropriate District Office	State of Energy, Minerals and N	new Mexico atural Resources Department	Form C-104 Revised 1-1-89 See Instruction	
DISTRICT J P.O. Box 1980, Houbs, NM 88240	OIL CONSERV	ATION DIVISION	at Boltom of Pa	ige
DISTRICT II P.O. Drawer DD, Aitesia, NM 88210	P.O. Santa Fe, New I	Box 2088 Mexico 87504-2088		
DISTRICT III 1000 Rio Brazos Rd., Azlec, NM 87410 I.	REQUEST FOR ALLOW	ABLE AND AUTHORIZA IL AND NATURAL GAS	TION	
Operator Mack Energy Corport	ation			
Address P.O. Box 276, Arte				
Reason(s) for Filing (Check proper box) New Well	Change in Transporter of: Oil Dry Gas	Other (Please explain) Effective 8/1/	92	
Change in Operator KA	Caringhead Gas Condensate Condensate	P. O. Drawer 217, I	rtesia, NM 88210	
II. DESCRIPTION OF WELL Lease Name PETRUS D		kling Formation	Kind of Lease Lease No. State, FORXXIXX RX 2516-B	··········
Location Unit LetterI	: <u>1980</u> Feet From The	_S Line and660	Feet From TheE	Une
Section 10 Townshi	170 Bar 33F	, NMPM,	LEA Cour	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil NAVAJO REFINING CO Name of Authorized Transporter of Casing	X of Condensate	P.O. BOX 159, A Address (Give address to which a	pproved copy of this form is to be sent)	
GPM CORPORATION If well produces oil or liquids, give location of tanks.		4001 PENBROOK, e. Is gas actually connected?	ODESSA, TX 79762 When ? 	
If this production is commingled with that	from any other lease or pool, give commi	ngling order number:		
IV. COMPLETION DATA Designate Type of Completion	Oil Well Gas Well	New Well Workover I	Deepen Plug Back Same Res'v Diff R	les'v
Date Spadded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Ol/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
HOLE SIZE	TUBING, CASING AN CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT	
V. TEST DATA AND REQUES OIL WELL (Test must be after t	ecovery of Iolai volutie of losa on and	ust be equal to or exceed top allowab Producing Method (Flow, pump,	le for this depth or be for full 24 hours.) Ras lift, etc.)	
Date First New Oil Run To Tank	Date of Test	Casing Pressure	Choke Size	
Length of Test	Tubing Pressure	Water - Bbls.	Uas- MCF	
Actual Prod. During Test	O(1 - Ibbis.			
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
l'osting Method (pitot, back pr.)	Tuting Pressure (Shut-in)	Casing Pressure (Shut-in)	Clioke Size	
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above		OIL CONSERVATION DIVISION SEP 1 4 92		
Division have been complied with and is true and complete to the best of my h		Date Approved		
Eignature	Ulton Clark	By ORIGINAL SICH	ED BY JELLY COXTON	
Printed Name SJ SJ SJ 9	Production Clerk Title 748-3303 Telephone No.	Title		
Date				

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 is to be table. a tig te affig auffaunt aust

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.