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Appropriate District Office
DISTRICT J
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

DISTRICE II P.O. Drawer DD, Atlesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALLOWAE	BLE AND AUTHORIZA	TION			
I. TO TRANSPORT OIL AND NATURAL			Well API No.			
Openior  Mack Energy Corpora			30-025-25787			
Address P.O. Box 276, Artes						
Reason(s) for Filing (Check proper box)		Other (Please explain)	,			
New Well	Crange in Transporter of:  Dry Gas	Effective 8/1	/92			
Recompletion	Caninghead Gan Condensate					
Change in Operator   KX	ob Energy Corporation, 1	P. O. Drawer 217,	Artesi	a, NM 88.	210	
and address or previous operation		. 0. 22				
II. DESCRIPTION OF WELL.	AND LEASE  Well No.   Pool Name, Includi	ng Formation		Lease No. 2516-B		
Lease Name PETRUS D	1 MALJAMAR (	GRBG SA	********			
Location	650 Feet From The	S Line and1980	Fee	t From The	E	Une
Unit Letter	2	3E , NMPM,		LEA		County
Section 11 Township	175 765.8					
III. DESIGNATION OF TRAN	SPORTER OF OIL AND NATU	RAL GAS Address (Give address to which	approved	copy of this form	is to be ser	11)
Name of Authorized Transporter of Oil	DOW 150 ADTECTA NM 88210					
NAVAJO REFINING CO Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK, ODESSA, TX 79762				,	
GPM CORPORATION	Is gas actually connected?	7				
If well produces oil or liquids, give location of tanks.	l date	185	- 735			
If this production is commingled with that	ficti: any other lease or pool, give commingl	ing ofder number:	PC	- / 3 - 1		
IV. COMPLETION DATA		New Well Workover	Deepen	Plug Back   Sai	ne Res'v	Diff Res'v
Designate Type of Completion	1011 11011	i i	l	,l_		
Date Spackled	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth  Depth Casing Shoe			
Elevations (DF, RKB, RT, GR, etc.)	DF, KKU, KI, GK, &C.)					
Perforations						
	TURING CASING AND	CEMENTING RECORD				
HOLE BIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT		
HOLE SIZE						
V. TEST DATA AND REQUE	S'I' FOR ALLOWABLE		ahia Car this	denth or he for	Гиll 24 hou	rs.)
OIL WELL (Test must be after t	ecovery of total volume of toda on and the	Producing Method (Flow, pury	p, gas list, e	ic.)		
Date First New Oil Run To Tank	Date of Test	Floudeling Interior (1997)				
Length of Test	Tubing Pressure	Casing Pressure		Choke Size		
		Water - Bbls.		Gas- MCF		
Actual Prod. During Test	Od - Bbls.					
O LE WELL				Gravity of Con-	lensale	
GAS WELL Length of Test Length of Test		Bbls. Condensale/MMCI				
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		Choke Size		
l'esting Method (pitot, back pr.)						
VI. OPERATOR CERTIFIC	ATE OF COMPLIANCE	OIL CONS	SERVA	ATION DI	VISIC	N
				SEP 1	4 40	
I hereby certify that the rules and regul Division have been complied with and is true and complete to the best of my		Date Approved				
4)/////////////////////////////////////	1/10-	ll .			CON!	
thorda 1	By ORIGINAL SIGNED BY JERRAL SATON  DISTRICT I SUPERVISOR					
Lianaliue	Production Clerk					
Rhonda Nelson Prince Name C/C	Title	Title				
8128192	748-3303 Telephone No.					

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- 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.
- 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.