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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	-	TO TRA	NSP	ORT O	L AND NA	TUHAL G	AS	Wall A	Pl No.			
Operator									35 7	75.2	7.197	
Mack Energy Corpora	ion								<u></u>	C 2		
Address			1 12	50								
P.O. Box 1359, Artes	sia, NM	1 8821	1-13		Ou Ou	ner (Please expl	lain)					
Reason(s) for Filing (Check proper box)		Change in	Transn	orter of:	L)	(-	•					
New Well	Oil	Change in	Dry G	F1	E	ffective	1/1	./93				
Change in Operator	Casinghea	d Gas	Conde	,1								
Cimple in China					D () Par	5/Q Ar	toei	a N	IM 8821	1-0548		
and address of previous operator Arrov	whead C	il Cor	pora	ition,	P.O. Box	. J40, AL	LESI	۱ ره	11 0021	1 05 10		
II. DESCRIPTION OF WELL	_											
Lease Name Well No. Pool Name, Includi					ng Formation			Kind of Lease State, FROM NOX Rec		- 1	.ease No.	
Wallingford 3 Maljamar						GB-SA				109		
Location										TT 4-		
Unit LetterC	_ :9º	90	Feet F	rom The 🛄	North Lin	= 23	10	Fe	et From The	West	Line	
170					, NMPM,			T.	ea		County	
Section 32 Township)	17S	Range	32E	, N	MPM,			<u></u>		5007	
THE PROPERTY OF THE AND	CDADTE	D OF O	IT AN	ID NATI	DAL GAS							
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil v or Condensate Address (Give address to which approved copy of this form is to be sent)												
Name of Administrative 1.50 A NM 99211 0150												
Navajo Refining Compa Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Casinghead Gas or Dry Gas Conoco, Inc.					10 Desta Drive East, M				idland, TX 79705			
If well produces oil or liquids,	Sec.	Sec. Twp. Rge.			Is gas actually connected?			When ?				
give location of tanks.	Unit Sec. 32		17S 32E		Y	es						
f this production is commingled with that f	rom any oth	er lease or p	oool, gi	ve comming	ling order num	ber:						
V. COMPLETION DATA						·	· · · · · ·				-c::	
	(31)	Oil Well		Gas Well	New Well	Workover	Dec	epen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -			l_		Total Depth	l	<u> </u>		BBTB			
Date Spudded	Date Comp	l. Ready to	Prod.		Total Depui				P.B.T.D.		·	
					Ton Oil/Gas	Top Oil/Gas Pay				Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				l	lop on early				Tuoing Depai			
Perforations										Depth Casing Shoe		
Penorations												
	т	TIBING	CASI	NG AND	CEMENTI	NG RECOR	D		<u>'</u>			
					CENTERIA	CEMENTING RECORD DEPTH SET			SACKS CEMENT			
HOLE SIZE CASIN			Direc	0.22	DEI III OCT							
					-							
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE								,	
OIL WELL (Test must be after re	covery of to	tal volume	of load	oil and mus	be equal to or	exceed top alle	owable.	for this	depth or be j	or jui 24 noi	urs.j	
Date First New Oil Run To Tank	Date of Tes	st.			Producing M	euroa (<i>Frow, pr</i>	ump, ga	S tyt, et	· · · /			
					Code Program				Choke Size			
Length of Test	th of Test Tubing Pressure				Casing Pressure							
	nal Prod. During Test Oil - Bbls.				Water - Bbls.				Gas- MCF			
Actual Prod. During Test					Water Bold							
	<u> </u>								I			
GAS WELL	-1					Gravity of Condensate						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conder	Bbis. Condensate/MMCF Casing Pressure (Shut-in)			Gravity of Concensate			
					- Zanta Bara				Choke Size			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Flessure (Sim-in)				-				
	<u> </u>				-\				L			
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIAN	1CE			JOE	DV/	MOITA	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above												
is true and complete to the best of my knowledge and belief.					Date Approved							
C · \rightarrow Λ	1				11							
Crosa D. Carter					By	- markidi	വമു	iad R	Y JERRY SE	MOTE		
Signature Crissa Carter Production Clerk					-, -	By ORIGINAL SIGNED BY JERRY SEXTON BIGTRICT I SUPPRIVISOR						
Crissa Carter Production Clerk Printed Name Title					Title		غبا اتوار و س					
1/5/93	(505)	748-1			II TIME.							
Date			hone N	0.							<u>.</u>	

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 with Rule 111.
- 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.