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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.		Well API No.
Operator Mack Energy Corporation		30-025-30679
Address P.O. Box 1359, Artesia, NM 88211-1359		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Leaker CC	Well No. 9	Pool Name, Including Formation Marjamar Queen	Kind of Lease State, Federal or Fed	Lease No. B-2366
Location Unit Letter <u>J</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u> Line Section <u>16</u> Township <u>17S</u> Range <u>32E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 460, Artesia, NM 88210					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 16	Twp. 17S	Rge. 32E	Is gas actually connected? yes	When? 9/28/93

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X		X				
Date Spudded 10-5-89	Date Compl. Ready to Prod. 6-30-93		Total Depth 6060'		P.B.T.D. 3680'			
Elevations (DF, RKB, RT, GR, etc.) 4021.8'	Name of Producing Formation Queen		Top Oil/Gas Pay 3114'		Tubing Depth 3152'			
Perforations 3114-40'					Depth Casing Shoe 6040'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	176'	200sx
12 1/4"	8 5/8"	2085'	800sx
7 7/8"	5 1/2"	6040'	1350sx
	2 3/8"	3152'	

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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.)

Date First New Oil Run To Tank 7/1/93	Date of Test 7/1/93	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF 100

GAS WELL

Actual Prod. Test - MCF/D 7/1/93 -- 100	Length of Test 24	Bbls. Condensate/MMCF None / 100	Gravity of Condensate None
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 25	Casing Pressure (Shut-in) 35	Choke Size 2"

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
is true and complete to the best of my knowledge and belief.

Signature
Crissa Carter
Printed Name
9/16/93
Date
Production Clerk
(505) 748-1288
Telephone No.

OIL CONSERVATION DIVISION

OCT 29 1993

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

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.