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 TO TRANSPORT OIL AND NATURAL GAS

I.		OTR/	ANSP	ORT OIL	AND NA	TURAL GA					
Operator			Well API No.								
Mack Energy Corporation							36-025-22597				
Address P.O. Box 276, Ar	tesia, l	NM 88	3211-	0276							
Reason(s) for Filing (Check proper box)	· · ·				Oth	er (Please expla	iin)				
New Well		Change in					_				
Recompletion Change in Operator	Oil Casinghead	I Gas	Dry G	F		Eff	ective	August	1, 1992		
If change of operator give name and address of previous operator	il Produ	uction	ı, In	c., P.C). Box 4	9, Argyle	TX	76226			
II. DESCRIPTION OF WELL Lease Name	ing Formation Kind o			of Lease No.							
Bate Federal	Well No. Pool Name, Includi #3 East Gem				Stole			Federal or Fee	1		
Location											
Unit LetterC	:3	30	Feet F	rom The	North Lin	e and198	<u>80</u> Fe	et From The _	West	Line	
Section 35 Township 19S Range 33E , NMPM, Lea County											
III. DESIGNATION OF TRAN	SPORTE	ROFO	II. AN	ID NATII	RAL GAS						
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Rge. Is gas actually connected? When?				?		
If this production is commingled with that f IV. COMPLETION DATA	rom any othe										
Designate Type of Completion	· (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded						l		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					Depth Casing Shoe						
	T	IDINIC	CAST	NC AND	CEMENT	NC DECORE		1			
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					DEPTH SET	<u> </u>	s	SACKS CEMENT		
HOLL SIZE CASING & TOD			, DING	J.EL	DEI III OE I						
			• •								
V. TEST DATA AND REQUES	T FOD A	I I OW	ADIE								
-					be equal to or	exceed top allo	wable for thi	s depth or be fo	or full 24 hour	·s.)	
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top at Date First New Oil Run To Tank Date of Test Producing Method (Flow,										,	
					Chalu						
Length of Test	Tubing Pressure				Casing Pressa	ire		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL				<u></u> .	<u> </u>						
Actual Prod. Test - MCF/D	Length of To	est			Bbls. Conden	sate/MMCF		Gravity of Co	ondensate		
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
			···								
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIAN	ICE		NI OON		ATION F		. K 1	
l 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.					AUG 21'92						
					Date	Approved	i				
Signature Signature					By ORIGINAL SIGNED BY JERRY SEXTON BISTRICT I SUPERVISOR						
Deb E. Chase	J	lice P		dent							
Printed Name 8/19/92	ſ	(505)7	Title 48-3	436	Title						
Date			phone N								

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.