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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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•		OTRAN	ISPORT	OIL	AND NA	UHAL GA	. <u></u>	PI No.				
)perator	ation						weii A		25-23	690		
Mack Energy Corpor	ation							_ 				
P.O. Box 1359, Art	esia, NM	88211	-1359				. ,					
eason(s) for Filing (Check proper box)	İ			_	Othe	r (Please expla	in)					
lew Well		Change in T	_	!: 								
ecompletion X	Oil Controlled		Ory Gas Condensate									
thange in operation	Casinghead			<u> </u>		71211 M	. 11 1	TX 797	110			
d address of previous operator Xe	ric Oil	& Gas C	Company	<u>, Р.</u>	U. Box	51311, M	larana,	1A 191	10			
. DESCRIPTION OF WELL	L AND LEA	SE	Deal Name I	- Includin	g Formation		Kind	of Lease	L	ease No.		
ease Name		1	Lea Bon					XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	E-60	E-6005		
State "36"			dea bon	С	11119							
Unit LetterL	:213	<u>0</u>	Feet From Th	he So	uth_Lim	and <u>660</u>	Fe	et From The	West	Lin		
Section 36 Towns	hip 19	S I	Range	34E	, Ni	ирм,	Lea_			County		
II. DESIGNATION OF TRA	NCPORTE	R OF OII	LAND N	ATUI	RAL GAS							
Name of Authorized Transporter of Oil	X	or Condens			Address (Giv	e address to wh	ich approved	copy of this f	orm is to be se	ent)		
Texaco Trading & T		ation]	Inc.		P.O. B	ox 5568,	Denver	. CO 80)217			
Name of Authorized Transporter of Cas	inghead Gas		or Dry Gas		Address (Giv	e address to wh	ich approved	copy of this f	orm is to be se	ent)		
if well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actuali	y connected?	When	When ?				
ve location of tanks.	L	36 İ	19S 3	4E								
this production is commingled with th	at from any oth	er lease or po	ool, give con	nmingli	ing order num	ber:						
V. COMPLETION DATA		Oil Well	Gas W	Vall	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	on - (X)	On wen	Oas 11	, 011		İ	<u>i</u>	İ	<u>i</u>	<u> </u>		
Date Spudded		Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations								Depth Casing Shoe				
citorations							. <u> </u>					
	TUBING, CASING AND				CEMENTING RECORD							
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								-				
												
V. TEST DATA AND REQU	EST FOR A	LLOWA	BLE				11 C 4	مطاعم بالمسال ي	for full 24 hou	ure)		
OIL WELL (Test must be after			of load oil an	nd must	be equal to o	exceed top allow, puter the contract of the co	owable for In ump. gas lift.	etc.)	JOF JUL 24 NO	43.7		
Date First New Oil Run To Tank	Date of Te	:st			I locating iv	icaloc (i ion) po		,				
Length of Test	Tubing Pre	Tubing Pressure			Casing Press	ure		Choke Size				
		<u> </u>				THE DEL			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Bbl							
GAS WELL									Calling			
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	nsate/MMCF		Gravity of	Condensate			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIF	ICATE OF	F COMP	LIANCE	Ξ			JSFR\	/ATION	DIVISION	NC		
I hereby certify that the rules and re	egulations of the	Oil Conserv	vation				TOLI I					
Division have been complied with a true and complete to the best of the best o	and that the info my knowledge a	ormation give and belief.	en above		D=:	a Anarous	vd	JAN	2 2 1993			
is true and complete to the best of i)4				Date	e Approve	:u					
Crissa D. C	all				D.,	ONGINA	e augustitätti.	EA 1203A	SEXTON			
Signature			n Clar-1	le.	^{Dy} -	ia <i>main</i> a) **	STACT!		3			
Crissa Carter Printed Name	rr	oductio	Title	т	Title	······································						
1/18/93	(5	05) 748	3-1288			·						
Data		Tele	phone No.		11							

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.

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OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

000 Rio Brizos Kd., Azzec, NM 8/410	REQUE	STFOR	ALL	OWAB	ILE AND A	AUTHORIZ TURAL GA	ZATION AS				
Operator	10	J IMAN	<u> </u>	HI OIL	AND NA	1011/12 0/	Well	API No.	5.71-	13 / Gz	
Xeric Oil & Ga	s Compa	ny						X .	C25-2	くろしりぐ	
P.O. Box 51311	, Midla	nd, T	ζ 7	79710							
Reason(s) for Filing (Check proper box)					Oth	et (Please expl	ain)				
New Well		nange in Tri Di									
Recompletion \square	Oil Casinghead										
change of operator give name	on Oil				aliforn	nia, P.O	O. Box	3100,	Midlan	d, TX	
no addition of provident operation.											
I. DESCRIPTION OF WELL Leade Name	Well No. Pool Name, Includ							of Lease	_	Lease No.	
Lea State 36					ne Springs			Properative XPX	₹ X E-6	E-6005	
Location Unit LetterL	21.3	30 Fe	ed From	m The S	outh La	e and66	0 F	pet From The	West	Line	
Section 36 Townsh	in 19-	-S 🕏	ange	34-E	N	MPM.	Lea			County	
	'L	<u>~~</u>									
11. DESIGNATION OF TRANS Name of Authorized Tribisporter of Oil		OF OIL		NATUI	RAL GAS Address Giv	e address 10 m	hich approved	copy of this	form is to be se	eni)	
Texaco Trading & Tr	ansport	ation	Int		P.0	. Box 5	568, De	enver,	GO 80	217	
Name of Awhorized Transporter of Casis Warren Petroleum Ce		or or	Dry G	ias 🚃	Address (Giv	e address to wi	hich approved 588, Ti	ulsa, (form is 10 be se OK 741	42	
If well produces oil or liquids, tive location of tanks.	Unit S		мр. 9-Si	Rge 34-E	ls gas actual)	y connected?	When	1 7			
this production is commingled with that	from any other	lease or poo	y, g:∨e	comming)	ing order num	ber:					
V. COMPLETION DATA		Oil Well		s Well	New Well	Workover	l Danner	Diva Book	Cama Das'y	him Park	
Designate Type of Completion	- (X)	OII # 611	i Ga	10 17 511	I HEW MELL	i Orkover	Deepen	Flug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl.	Ready to Pr	0d		Total Depth			P.B.T.D.	-	- 	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Perforations					Top Oil/Gas	Pay		Tubing Depth			
					· · · · · · · · · · · · · · · · · · ·			Depth Casing Shoe			
LIOI E CIZE					CEMENTI:	NG RECOR					
HOLE SIZE	CASI	NG & TUBII	NG SIZ	ZE	DEPTH SET			SACKS CEMENT			
				-		·		 			
. TEST DATA AND REQUES	T FOR AL	LOWAB	LE				,	<u> </u>			
IL WELL (Test must be after r	ecovery of local			and must e	be equal to or	exceed top allo	owable for the	s depih or be	for full 24 hou	75)	
rate First New Oil Run To Tank	Date of Test				Producing Me	thod (Flow, pu	mp. gas lýi. e	uc.)			
ength of Test	Tubing Pressure				Casing Pressu	re	·	Choke Size			
ual Prod. During Test Oil - Bbls.				Water - Bbls	***************************************		Gas- MCF				
GAS WELL Ictual Prod. Test - MCF/D			··-								
COME FIOR 1886 • MICP/D	Length of Test			Ī	Bbls. Condens	HE/MMCF		Gravity of Condensate			
sung Method (pilot, back pr.)	Tubing Pressu	ne (Shui-in)			Casing Pressu	re (Shul-in)		Choke Size			
I. OPERATOR CERTIFIC.	ATE OF C	OMP! !	Δ N'C	'F				·			
I hereby certify that the rules and regula	uons of the Oil	Conservation	on on	. L		DIL CON	ISERV	ATION	DIVISIO	N	
Division have been complied with and to it true and complete to the best of my k	hat the informa-	uon given at	∞ γ ¢						2018 161 4		
— — — — —	mowiedRe stud o	TE (16)			Date	Approve	d		[35]		
15.0	S (İ							
Signature Gary S. Barker	Operat	tions	Mar		By	<u> </u>	· · · · · · · · · · · · · · · · · · ·				
Printed Name		Tiù	¢						•		
April 9, 1991	915-683-3171				i inie.						

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<u>April</u>

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