District 1

Ep. 4. Minerals and Natural Resources Departmen Oil Conservation Division

P.O. Box 1980. Bobbs, NM 88240

District II

P.O. Drawer DD. Artesia. NM 88210

P.O. Box 2088

Santa Fe. New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.

TO TRANSPORT OIL AND NATURAL GAS

	· · · · · · · · · · · · · · · · · · ·	·						*********		
Operator: Mack Energy Corporation					Well AP! No.:					
Address: F.O. Box	276,	Artesia, Ne	ew Mexic	o 8821	.0	Telep	hone No.:	(505) 7	48-3436	
Reason(s) for Filing () New Well Recompletion Change in Operator X If change of operator gi	Vệ hạnệ .	Change off Casinghead Gas and address of		das ensate perator D-		action,	TIVE AUG	UST 1, 1	992	
Lease Name		Well	No. Pool	·····	ding Formati		Kind of Lease No			
Perry Federal		i	. 1		7 Rivers	1	State (Federa) or Fee LC 06			
Location: Unit P: 99()Feet Fro	om The EASTlin	ne and 33	Offeet From	The SOUTH	Line. Sec	22 T 20S	R 34E NMPN	Lea County	
III. DESIGNATION OF TRA	NSPORTER	OF OIL AND NATU	JRAL GAS							
Authorized Transporter Texaco Trading a Ligus New Y	nd Tra	nsportati	1	ddress-Give 670 Broá	address to	which appr nver, (oved copy of 0 80202=	f this form 4899	is to be sen	
Authorized Transporter Gas:		V	i	ddress-Give	address to (which appr	oved copy of	f this form	is to be sen	
If well produces oil or give location of tanks						ed?		When?		
If this production is conv. COMPLETION DATA	ommineled	with that from	any other	lease or po	ool. give com	mmingling	order number	`:		
Designate Type of Comple	rtion - (riew Fo (Y	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res!	Diff Res	
Date Soudded	Date Co	mpl. Ready to P	rod.	Total	Depth	<u>.</u>	P.B.T.D.			
Elevations	vations Producing Formation						Tubing	Tubing Depth		
Perforations			1	·····		***************************************	Depth C	Denth Casing Shoe		
		TUI	BING.CASING	AND CEMENT	ING RECORD					
Hole Size Casing & Tuk			ing Size		Depth Set		Sacks Cement		ement	
V. TEST DATA AND REQUES	T FOR ALL						nd oil and mu be for full			
Date First New Oil Run to	o Tank		Date of Test			Producing Method				
Lenath of Test	Tubing Pres		Casing F	ressure	essijre		Choke Size			
Actual Prod. During Test		oil - gbl	Water -	Bbls.		Gas - I	Gas - MCF			
DAS WELL						——————————————————————————————————————				
Actual Prod Test - MCF/D	al Prod Test - MCF/D Cengith of Test			Bbls. Condensate/MMCF			Cravity of Condensate			
sting Method Tubing Pressure (Shut-in)			Casing P	Casing Pressure (Shut-in)			Choke size			
/I. OPERATOR CERTIFICATE I hereby centify that th			af the size		OIL	CONSE	RVATION D	IVISION		
Conservation Division ha information given above my knowledge and belief.	ve been c	complied with an	nd that the	Date ,	Approved		AUG 0	7 ' <u>9</u> 2		
Deb E. Chase, Pro	203 ductio	B/4 n Clerk	198 Date	By Title	ORIGINAL Dis		BY JERRY S UPSRVISOR	SXTON -		

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.	TIEGO.			OIL AND NA						
Operator				API No.						
D-Mil Production	, Inc.				·			··· ,		
P.O. Box 49, Ar	nvle. Tev	as 7622	6							
Reason(s) for Filing (Check proper bo	<u>a)</u>	us rozz	<u> </u>	O:	her (Please exp.	lain)				
New Well	011		ransporter of:	ר						
Recompletion Change in Operator	Oil Casinghea		Ory Gas Condensate	J 7						
If change of operator give name	tacado, I				ective 3					
			0. DOX 3	Jor, Hone	S, MI 00.	241				
II. DESCRIPTION OF WEI	L AND LEA		lool Name Incl	ludia a Passaria		1 771	of Lease			
Perry Federal		_		•	ding Formation Kir es Seven Rivers			r	Lease No.	
Location			Dynoxi Id	ces peven	VTAGES			150-0	61144	
Unit Letter P	:	330 F	eet From The	South Li	ne and990	<u> </u>	eet From The.	East	Line	
Section 22 Town	nship 20S	ם	lange 34E		TLATOLA 1				a .	
Section 22 10w	ianp 200		Lange 34E	Τ ,	IMPM, 1	Lea			County	
III. DESIGNATION OF TR										
Name of Authorized Transporter of O	<u> </u>	or Condensa	te \square	Address (Give address to which approved copy of this form is to be sent)						
Texas-New Mexico Name of Authorized Transporter of Cr			r Dry Gas	Address (Gi	Box 2528, ve address to w	, Hobbs hich approve	NM 8824	em is to be s	ent)	
None						паст вррготе	a copy of this je	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>	eru)	
If well produces oil or liquids, give location of tanks.	: :			ge. Is gas actual	iy connected?	When	n ?		· · · · · · · · · · · · · · · · · · ·	
f this production is commingled with t	hat from any other		20S 341			L				
IV. COMPLETION DATA	- nom any our	or rouse or po	or, give commin	ustrus order timi						
Designate Type of Completic	on (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		l. Ready to Pr	<u>l</u>	Total Depth		<u> </u>	1			
				,				P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Pay		Tubing Depth			
Perforations							Depth Casing Shoe			
							Depth Casing	z snoe		
	T	UBING, C	ASING AN	D CEMENTI	NG RECOR	D				
HOLE SIZE	CAS	ING & TUBI	NG SIZE		DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQU OIL WELL (Test must be after				and he amount do not	1 4 11-			6.11.04.1	,	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test		oda ou ana mi		ethod (Flow, pu			or juli 24 nou	<u>rs.)</u>	
							•			
Length of Test	Tubing Press	sure		Casing Press	ıre		Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls	Water - Bbls.			Gas- MCF		
· ·	J. 20101									
GAS WELL					***************************************				•	
Actual Prod. Test - MCF/D	Length of Te	est		Bbls. Conder	sate/MMCF		Gravity of Co	ondensate		
acting Mathod (nited head on)	Tuhing Pres	oum (Chut in)		Cosine Descri	Casing Pressure (Shut-in)			Chales Sing		
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)			Casing Press	ire (Snut-in)		Choke Size				
I. OPERATOR CERTIFI	CATE OF	COMPLI	ANCE		.					
I hereby certify that the rules and reg	gulations of the C	dil Conservati	on		DIL CON	ISERV.	ATION [DIVISIO	N	
Division have been complied with an is true and complete to the best of m	nd that the inform	nation given a l belief	ibove				MAD	10'92		
**	, and a sough allo			Date	Approved	d	MINI			
Mount Holler					♦ , 5	5 y va C %	12			
Signature Donna Holler		Age	nt	RA-	* 5		<u>. 1 140 / 1</u> . 19 aparta	A CON		
Printed Name			ile	Title			2 N. 11 QUEEN NO.			
3/4/92 Date	50!	5-393-2		11116		· · · · · · · · · · · · · · · · · · ·				
- with		Telepho	nic Iao.	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.