Submit 5 Copies
Appropriate District Office
DISTRICT 1 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, Arlesia, 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

1000 RIO BIZZOS Ra, AZECO, Filit o Filo	REQU	EST FO	JH A		ADLE AND		A.C.					
r	Т	OTRA	NSP	ORT O	IL AND NA	TUHAL G	40 will 7	IPI No.				
• Operator						30-025-12412						
Mack Energy Corporation								1-02J-12	<u> 7 ± </u>			
Address												
P.O. Box 1359, Artes	ia, NM	8821	<u>1-13</u>	59	T Oth	ner (Please expl	ain)					
Reason(s) for Filing (Check proper box)			m	and a R O Ft	°-	,	•					
New Well		Change in F⊽⊓										
Recompletion	Oil		Dry G Conde	,	1							
Change in Operator	Casinghead	Gas	Contra	118216	l							
f change of operator give name and address of previous operator										·		
	AND LIFA	SE								N.		
II. DESCRIPTION OF WELL	Well No. Pool Name, Includi				ding Formation	ing Formation Kind o			Lease No.			
Lease Name						attix SR QN GB						
Buffington Location				_					West	Line		
Unit LetterK	: 16	50	Feet F	rom The	South_U	e and165	0 <u>0</u> Fe	et From The.	WESL	Cine		
Out Leuri				2017				Lea		County		
Section 19 Township	, 25	<u>S</u>	Range	305	, N	мрм,						
	anonmer	OF O	T A R	ID NAT	UDAL GAS							
III. DESIGNATION OF TRAN		or Conden	sale	DIVAL	Address (Gi	ve address to wi	hich approved	copy of this f	orm is to be se	ent)		
Name of Authorized Transporter of Oil	1 X 1			L	ים חם	cawer 159	. Artes	ia, NM	88211-0	159		
Navajo Refining Company Name of Authorized Transporter of Casinghead Gas X or Dry Gas					101	Address (Give address to which approved copy of this form is to be sent) 1st City Bank Tower, 201 Main St., Ft Worth, T						
Sid Richardson Carbon	-& Gaso	line	Comp	any_					50., 10			
If well produces oil or liquids,	Unit	Sec.	Twp.	Kg		Is gas actually connected?			Vhen 7 10/25/55			
give location of tanks.		19	<u>258</u>			1		10,	23123			
f this production is commingled with that i	rom any other	r lease or	pool, gi	ve commit	igling order num	iber:						
IV. COMPLETION DATA				a 21 1	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
The of Completion	- (X)	Oil Well	- !	Gas Well	I Hem Mell	I	2007-2		<u> </u>	1		
Designate Type of Completion	Date Compl	Deady to	Prod		Total Depth	J	.4	P.B.T.D.	···	-		
Date Spudded	Date Compi	i. Kuauj k	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth			
Perforations	L							Depth Casin	ig Shoe			
• • • • • • • • • • • • • • • • • • • •								<u></u>				
TUBING, CASING AND					D CEMENTI	CEMENTING RECORD			SACKS CEMENT			
HOLE SIZE	THE PROPERTY OF THE PROPERTY O					DEPTH SET			SACKS CEMENT			
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					_							
	ļ											
	PEROD A	HOW	ANIE									
V. TEST DATA AND REQUES OIL WELL (Test must be ofter to	I FOR A	al valume	of load	oil and mi	us be equal to o	exceed top all	owable for thi	depth or be	for full 24 hou	rs.)		
OIL WELL (Test must be after re	Date of Test		0,1000		Producing M	lethod (Flow, pt	ump, gas lift, e	itc.)				
Date First New Oil Run To Tank Date of Test									1.5			
Length of Test	Tubing Pres	sure			Casing Press	Casing Pressure			Choke Size			
Length of Yes	100,							Gas- MCF				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls	L		023-14761				
7,000												
GAS WELL								1800000	Tondenesia.			
Actual Prod. Test - MCF/D	Length of T	est			Bbls. Conde	nsale/MMCF		Gravity of Condensate				
Actual Plot. Test - Mel D		,							Choke Size			
Festing Method (pitot, back pr.)	Tubing Pres	sure (Shul	-in)		Casing Press	ure (Shut-in)		CHOKE BEE				
results (Paor) Seem P. V								<u> </u>				
VI. OPERATOR CERTIFIC	ATF OF	COMF	LIA	NCE		OIL CON	ICEDV	ATION	DIVISIO	NC		
VI. OPERATOR CERTIFICATION	tions of the f	Oil Conser	vation	-	- - (OIL CON	NOEU M	411011	Diviore			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						1						
is true and complete to the best of my k	nowledge and	d belief.			Date	Approve	d		· ·			
Coins D. Carte					Rv	BY CREAT SIGNED BY JERRY SEXTON						
Citax						By SERVISOR SIGNED BY JERRY SEXTON						
Signature Crissa D. Carter Production Clerk Tide					11							
Printed Name	(505)) 748-	-1288	3								
2/2/94	(303		phone i						·			
Date												

- 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
- 2) All sections of this form must be filled out for allowable on new and recompleted wells. with Rule 111.
- 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.