Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico

Et. ...y, 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

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DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 8741 I.			R ALLOWAE			AS		1		
Operator			Weil	Weii API No. 30-025-11548 00						
Mack Energy Corp			30-	-025-11548	00					
Address	076		. W	88211=0	0276					
Post Office Box Reason(s) for Filing (Check proper box		s1a, Ne	w Mexico		er (Please exp	lain)				
New Well			ransporter of:							
Recompletion	Oil	_	Ory Gas 📙		EFFECT	IVE JUL	Y 1, 1992			
Change in Operator	Casinghead	Gas 📋 C	Condensate	 						
If change of operator give name and address of previous operator	RIDIAN OIL	no								
II. DESCRIPTION OF WEL	L AND LEA	SE T. A								
Lease Name	Well No. Pool Name, Include			State			of Lease Federal or Fee			
EATON, S.E. (SWD)		7	LANGLIE MA	TTIX 7 RQ				1		
Location Unit Letter P	: 330	F	Feet From The _S	Line	and990	Fe	et From The _E		Line	
Section 12 Town	uship 25	-5 ∂ F	Range 37E	, NI	мрм,		LEA		County	
III. DESIGNATION OF TRA		R OF OII	AND NATU	RAL GAS						
Name of Authorized Transporter of Oi	1 /X	or Condensa		Address (Giw			copy of this form		nt)	
TX NEW MEXICO PIPELINI	P.O. BOX 2528, HOBBS, NM 88240 Address (Give address to which approved copy of this form is to be sent)					-1ì				
Name of Authorized Transporter of Ca SID-RICHARDSON		201 MAII	N ST., FT.	WORTH, TX 76102						
If well produces oil or liquids, give location of tanks.	Unit P		wp Rge. 25 37 E	is gas actually	y connected?	When				
If this production is commingled with the IV. COMPLETION DATA	hat from any othe						· · · · · · · · · · · · · · · · · · ·		h:mn.t.	
Designate Type of Completion	on - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Kes'v	Diff Res'v	
Date Spudded	Date Comp	. Ready to P	rod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing S	Depth Casing Shoe		
	T	UBING, C	CASING AND	CEMENTI	NG RECOF	SD.				
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
					· ·	<u> </u>				
					<u></u>					
V. TEST DATA AND REQU	EST FOR A	LLOWA	BLE					6.11 24 Fau	1	
OIL WELL (Test must be after			load oil and must	be equal to or	exceed top au ethod (Flow, p	ump. eas lift.	es depin or be for	Juli 24 hou	73.)	
Date First New Oil Run To Tank	Date of Tes	1		I toxacting ivin	12 10 , ,		,			
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbis.			Gas- MCF		
GAS WELL										
Actual Prod. Test - MCF/D	Length of T	,cer		Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIF	ICATE OF	COMPI	JANCE	1		1055	ATIONS	11/10/10		
I hereby certify that the rules and re					OIL COI	VSEHV	ATION D			
Division have been complied with and that the information given above				JUL 29'92						
is true and complete to the best of r	ny knowledge an	d belief.		Date	Approve	ed				
BLE CLX). Vz			By	animiki bi	SIGNED B	Y JERRY SEX	TON		
Signature Deb E. Chase	O		esident		(F)	g i Militari i i Mi				
Printed Name	ς	1 -05 748	Гі de -3436	Title		 				
July 28, 1992	ر		hone No.							

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.

157.02 -157.03