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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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

RECEIVED

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	ANSPO	ORT OI	L AND NA	TURA	L GA	S	17EC 3	1 1992		
Operator								Well	API No.O.	C.D.		
Mack Energy Corporat	Well API No. C 30-025-11-555-40-											
Address	da NM	0021	1 125	0								
P.O. Box 1359, Artes Reason(s) for Filing (Check proper box)	la, Mi	0021	1-133	"	∑ Ou	ner (Please	e explai	in)	· · · · · · · · · · · · · · · · · · ·			
New Well		Change in	Тгапаро	rter of:	(Z)				lases	rame.	-	
Recompletion	Oil		Dry Ga		u	e Ef	fect	tive De	cember	1, 1992	1	
Change in Operator	Casinghea									•		
If change of operator give name												
and address of previous operator						· · · · · · · · · · · · · · · · · · ·						
II. DESCRIPTION OF WELL	AND LE		1									
Lease Name Blocker Federal		Well No.			ing Formation ttix 7 I	Rivers	: ON		of Lease Federal o XIX		ease No. 10766	
Location Federal		,	Lang	,IIE na	CCIA / I	VIVE 18	- QI			INPINI	10766	
Unit LetterD	, 33	0	East Es	N N	orth Lin		990.	F-	et From The	West	7.1	
Oint Letter			_ rect rn	m ine	110	e and		re	et rom ine		Line	
Section 13 Townshi	p 25	<u>S</u>	Range	37E	, N	MPM,	Le	ea			County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		R OF O		D NATU		a addrass	to whi	ah annrauad	come of this	form is to be se		
Navajo Refining Co.	X	or Conner	- January 1		1							
Name of Authorized Transporter of Casing	Gas	P.O. Box 159, Artesia, NM 88211-0159 Address (Give address to which approved copy of this form is to be sent)										
Sid Richardson Carbon	,	201 Main St., Ft. Worth, TX 76102										
If well produces oil or liquids, give location of tanks.							When	?				
,	C	13	25S	37E	Yes		·					
If this production is commingled with that it IV. COMPLETION DATA						oer: _ /* / T		•				
	en o provide to	Oil Well		as Well	New Well	Workov	er l	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	i	i		İ	i	i					
Date Spudded	Date Comp	l. Ready to	Prod.		Total Depth	<u> </u>	·	· · . · . · · · · · · · · · · · ·	P.B.T.D.			
Florestons /DE DVD DT CD	None of D				T							
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
Perforations						I				Depth Casing Shoe		
	1				CEMENTI)	· · · · · · · · · · · · · · · · · · ·			
HOLE SIZE	CAS	SING & TU	JBING S	IZE		DEPTH	SET			SACKS CEMI	ENT	
	<u> </u>											
	 					<u> </u>			 			
										 		
V. TEST DATA AND REQUES	T FOR A	LLOWA	ABLE									
OIL WELL (Test must be after re	covery of to	tal volume	of load oi	il and must						for full 24 hou	·s.)	
Date First New Oil Run To Tank	Date of Tes	ŧ			Producing Me	thod (Flo	w, pum	p, gas lift, e	tc.)			
al company					G. J. B.				Choke Size			
right of Test Tubing Pressure					Casing Pressu	ire			CHOKE SIZE			
Actual Prod. During Test	Oil - Bbls.	Phle							Gas- MCF			
	0 20.5.				Water - Bbis.							
GAS WELL	1		-		····			···································	J			
Actual Prod. Test - MCF/D	Length of T	est			Bbls. Conden	sate/MMC	F	·	Gravity of C	ondensate		
Tubing Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressu	re (Shut-ir	n)		Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIAN	CE		NI C	∩NI¢	SEDVI	TION	DIVISIO	.NI	
I hereby certify that the rules and regula							OING					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					JAN 1 2 1993							
0					Date	Appro	ved					
(lima D (a	ut.						ۇرىلىم	, Signed	by			
Signature					By_		Pg	ul Kant	<u> </u>			
<u>Črissa D. Carter</u> Procuction Clerk						Geologist,						
Printed Name 12/30/92	1	505)74	Title 8-128	8	Title							
Date			hone No.		FOD	RF(RD (DNLY	MAN	/ 251000	
		·				1/20/				- 7 7 7	2 1 4 C	

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

DEC 3 1 1992

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

Santa Fe, New Mexico 87504-2088

O. C. D.

1000 Rio Brazos Rd., Aztec, NM 87410						AUTHORI TURAL G	AS	ARTEMA					
I. TO TRANSPORT OIL AND NATURAL Operator								Well API No.					
Mack Energy Corporat	30-025-1155500												
Address													
P.O. Box 1359, Artes	ia, NM	88211-	1359		<u>C3</u> 01	(D)							
Reason(s) for Filing (Check proper box)				_	Oth	er (Please expl	ain) to le	and M.	d mil_				
New Well		Change in T		erof:	a.d.	d Fed Effec	stive De	comber	1992				
Recompletion	Oil		ry Gas	🗀		Ellec	cive be	Cember .	1, 1))2				
Change in Operator	Casinghead	Gas C	Condensa	ite									
If change of operator give name and address of previous operator													
II. DESCRIPTION OF WELL	ANDIEA	CE											
Lease Name	Well No. Pool Name, Including							of Lease		ease No.			
Blocker Federal	0 7 7 1 16					Rivers Ql	A XXXXX	Federal of Pe	NMNM.	10766			
Location							•		Unat				
Unit LetterD	_:330) F	eet Fron	n TheN	orth Lin	e and	Fe	et From The	West	Line			
Section 13 Townshi	p 25S	; <u>F</u>	lange	37E	, N	MPM,	Lea ———			County			
III. DESIGNATION OF TRAN	SPORTE	S OF OII	AND	NATII	RAL GAS								
Name of Authorized Transporter of Oil		or Condensa			Address (Giv	e address to w	hich approved	copy of this f	orm is to be se	ent)			
Navajo Refining Co.	4		L		P.O. B	ox 159,	Artesia	, NM 88	211-015	9			
Name of Authorized Transporter of Casing	ghead Gas		r Dry G	25	Address (Giv	e address to w	hich approved	copy of this f		:nt)			
Sid Richardson Carbo	n & Gaso	oline				in St.,			76102				
If well produces oil or liquids, give location of tanks.	Unit C		Wp. 25S	Rge. 37E	Is gas actually connected? When Yes			1 7					
If this production is commingled with that						ber:							
IV. COMPLETION DATA	mont any out					Workover	Deepen	l Plug Back	Same Res'v	Diff Res'v			
Designate Type of Completion		Oil Well	_i	s Well	New Well	Workover	Deepen	<u> </u>		_i			
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 Dep	Tubing Depth				
Perforations								Depth Casir	g Shoe				
					COTA CENTER	NO DECOI	20	1		<u></u>			
	TUBING, CASING AND				CEMENT	DEPTH SET		1	SACKS CEM	IENT			
HOLE SIZE	CASING & TUBING SIZE			 	DEP IN SE	<u></u>	<u> </u>						

V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE			-							
OIL WELL (Test must be after	recovery of tol	tal volume oj	f load oil	and must	be equal to o	exceed top all	lowable for 1h	is depth or be	for full 24 hou	urs.)			
Date First New Oil Run To Tank	Date of Tes				Producing M	ethod (Flow, p	ump, gas lift,	elc.)					
								Choke Size					
Length of Test	Tubing Pressure				Casing Press	ure		Choke Size					
	O'L Phil				Water - Bbls			Gas- MCF					
Actual Prod. During Test	Oil - Bbls.				Water Box			<u> </u>					
GAS WELL													
Actual Prod. Test - MCF/D	Length of T	Cest			Bbls. Conde	nsate/MMCF		Gravity of Condensate					
					G! ħ	com (Chief in)		Choke Size					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	ure (Shut-in)		Close Sino					
VI. OPERATOR CERTIFIC	'ATE OF	COMPI	JANG	CE	1	011 00.	10ED	ATION	רוי זוכול	7 N1			
						OIL COI	NOFHA	AHUN					
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above									JAN I	2 1993			
is true and complete to the best of my	knowledge an	d belief.			Date	Approve	ed		OMIN 1				
P	1					• •	Orig. Sign	ed hv					
Cioa D. Carte					∥ By_	,	Orig. Sign Paul Ki	uitz					
Signature Crissa D. Carter Procuction Clerk					Geologist								
Crissa D. Carter Printed Name	<u>r</u>		Title		Title		<u>-</u>						
12/30/92	((505) 74		38	Title								
Date	<u>`</u>		hone No										

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