Submit 5 Copies
Appropriate District Office
DISTRICT 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

		O I HAIN	0111	OIL AND NATURAL GA	Well A	Pl No.		ファ			
)perator	ion					30-0	25-115	560			
Mack Energy Corporat											
P.O. Box 1359, Artes	ia, New	Mexico	88211-	1359							
Reason(s) for Filing (Check proper box)				Other (Please expl.	ain)						
New Well	(ransporter of:	7							
Recompletion 🔲	Oil		ory Gas L	EFFECTIVE	JANUARY	1, 1993	3				
Change in Operator X	Casinghead	Gas C	condensate					hhs. NM			
f change of operator give name and address of previous operator Amb	ett Oil	Compan	y, Inc.	c/o Oil Reports	& Gas Se	IV., DUX	1999 110	7000 1			
I. DESCRIPTION OF WELL											
Lease Name	Well No. Pool Name, including			cluding Formation				Lease No.			
McBuffington		_1	Langlie	Mattix SR ON GB							
Location				g1	660 Fe	et From The _	East	Line			
Unit LetterI	_:198	<u> 80 </u>	eet From The	South Line and	Pe	et Prom the _					
Section 13 Townsh	in 25S	ī	Range	37E , nmpm ,	Lea			County			
Section 13 Townsh	ip 238	<u>_</u>	Caugo								
III. DESIGNATION OF TRAN	SPORTER	R OF OIL	AND NA	TURAL GAS			orm is to be se	ent)			
Name of Authorized Transporter of Oil	TXT	or Condensa	ite	VOCHERR (CLIAS STORM SOLLING IN	nich approved	NM 882	лл 5 ю от о . 41	,			
Texas New Mexico Pir	e Line	Company	7	P.O. Box 2528,	hich approved			ent)			
Name of Authorized Transporter of Casin	ighead Gas		or Dry Gas	1st City Bank	Address (Give address to which approved copy of this form is to be sent) 1st City Bank Tower, 201 Main St., Ft						
Sid Richardson Carbo	Unit I	Sec. 1	wp.	Rge. Is gas actually connected?	when?						
If well produces oil or liquids, give location of tanks.	I	13	25S 37			9/21/55					
f this production is commingled with that	from any othe	r lease or po	oi, give comm	ningling order number:							
V. COMPLETION DATA					<u> </u>	Nun Book	Same Res'v	Diff Res'v			
	(V)	Oil Well	Gas Wel	li New Well Workover	Deepen	I Ling pack	Same Res v	I I			
Designate Type of Completion	- (X)	Doody to F		Total Depth	<u> </u>	P.B.T.D.	I	 			
Date Spudded	Date Compi	l. Ready to F	TIOU.								
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing For	mation	Top Oil/Gas Pay	Top Oil/Gas Pay			Tubing Depth			
Elevations (Dr., KKB, KI, OK, Ele.)	rations (DF, RKB, RT, GR, etc.) Name of Producing Formation							Depth Casing Shoe			
Perforations							9006				
1 CTI (A STIATE						Depui Casin					
1 CITAL STICES				OF MENTING BECOM	20	Дериі Сазіі					
				ND CEMENTING RECOI	ω	<u> </u>	SACKS CEM	ENT			
HOLE SIZE		UBING, C		ND CEMENTING RECOI	SD	<u> </u>		ENT			
				ND CEMENTING RECOI	SD T	<u> </u>		ENT			
				ND CEMENTING RECOI	RD T	<u> </u>		ENT			
HOLE SIZE	CAS	SING & TUE	BING SIZE	ND CEMENTING RECOI	RD f	<u> </u>		ENT			
HOLE SIZE	CAS	SING & TUE	BING SIZE	DEPTH SE			SACKS CEM				
HOLE SIZE V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR A	LLOWA	BING SIZE	DEPTH SE	lowable for th	is depth or be	SACKS CEM				
HOLE SIZE	CAS	LLOWA	BING SIZE	DEPTH SE	lowable for th	is depth or be	SACKS CEM				
HOLE SIZE V. TEST DATA AND REQUE OIL WELL (Test must be after Date First New Oil Run To Tank	ST FOR A recovery of too Date of Tes	LLOWA	BING SIZE	DEPTH SE	lowable for th	is depth or be	SACKS CEM				
HOLE SIZE V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR A	LLOWA	BING SIZE	must be equal to or exceed top at Producing Method (Flow, p	lowable for th	is depth or be etc.)	SACKS CEM				
HOLE SIZE V. TEST DATA AND REQUE OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test	ST FOR A recovery of too Date of Tes	LLOWA	BING SIZE	must be equal to or exceed top at Producing Method (Flow, p	lowable for th	is depth or be	SACKS CEM				
HOLE SIZE V. TEST DATA AND REQUE OIL WELL (Test must be after Date First New Oil Run To Tank	CAS ST FOR A recovery of to Date of Tes Tubing Pres	LLOWA	BING SIZE	must be equal to or exceed top at Producing Method (Flow, p	lowable for th	is depth or be etc.)	SACKS CEM				
HOLE SIZE V. TEST DATA AND REQUE OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test	CAS ST FOR A recovery of to Date of Tes Tubing Pres	LLOWA	BING SIZE	must be equal to or exceed top at Producing Method (Flow, p Casing Pressure Water - Bbls.	lowable for th	is depth or be etc.) Choke Size Gas- MCF	SACKS CEM				
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HOLE SIZE V. TEST DATA AND REQUE OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test	CAS ST FOR A recovery of to Date of Tes Tubing Pres Oil - Bbls.	LLOWA Lal volume of	BLE fload oil and	must be equal to or exceed top at Producing Method (Flow, p Casing Pressure Water - Bbls. Bbls. Condensate/MMCF	lowable for th	is depth or be etc.) Choke Size Gas- MCF	SACKS CEM for full 24 hou				
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HOLE SIZE V. TEST DATA AND REQUEOL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pitot, back pr.)	CAS ST FOR A recovery of to Date of Tes Tubing Pre Oil - Bbls. Length of Tubing Pre	LLOWA Lal volume of	BLE fload oil and	Producing Method (Flow, p Casing Pressure Water - Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in)	lowable for thi	is depth or be etc.) Choke Size Gas- MCF Gravity of Choke Size	SACKS CEM	urs.)			
HOLE SIZE V. TEST DATA AND REQUEOLL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTIFIC	CAS ST FOR A recovery of tot Date of Tes Tubing Pre Oil - Bbls. Length of Tubing Pre	LLOWA Lal volume of ssure Test COMP	BLE fload oil and	Producing Method (Flow, p Casing Pressure Water - Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in)	lowable for thi	is depth or be etc.) Choke Size Gas- MCF Gravity of Choke Size	SACKS CEM	urs.)			
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HOLE SIZE V. TEST DATA AND REQUEOUT OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATION I hereby certify that the rules and regulation have been complied with an is true and complete to the best of many complete to	CAS ST FOR A recovery of too Date of Tes Tubing Pre Oil - Bbls. Length of Tubing Pre CATE OF ulations of the d that the infor y knowledge an Prod	LLOWA Lal volume of ssure Test COMP Oil Conservemation give and belief.	BLE fload oil and in) LIANCE ration n above	Producing Method (Flow, p Casing Pressure Water - Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CO Date Approv	NSERV	Gravity of Choke Size Gravity of Choke Size ATION Choke Size ATION Choke Size	FACKS CEM for full 24 hou Condensate DIVISION SEXTON OR	ors.)			

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.

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	OTRANS	SPORT OIL	AND NA	TURAL GA							
Operator						Well A	.PI No.					
Ambett Oil Company, In	<u>. </u>				·-							
Address c/o Oil Reports & Gas	Services	s, Inc.,	Box 755,	Hobbs,	NM 882	41						
Reason(s) for Filing (Check proper box)				Othe	st (Please explo	zin)						
New Well		Change in Tra	- —	E	ffective	11/1/91						
Recompletion Oil Dry Gas Change in Operator Casinghead Gas X Condensate												
If change of operator give name		<u> </u>										
and address of previous operator												
II. DESCRIPTION OF WELL			al Nama Tachidi	- Famatica		Vind.	of Lease	T.	ease No.			
Lease Name McBuffington		i	No. Pool Name, Including Formation Langlie Mattix					Bedenator Fee				
Location			Jangiro no	COLA								
Unit LetterI	:19	980 Fe	et From TheS	outh Line	and660) Fe	et From The	East	Line			
Section 13 Township 25S Range 37E , NMPM, Lea County												
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS												
Name of Authorized Transporter of Oil		or Condensate			e address to wh	iich approved	copy of this fo	orm is to be se	nt)			
Texas New Mexico Pipe 1			D-, Can [x 2528,							
	Address (Give address to which approved copy of this form is to be sent) ichardson Carbon & Gasline Co. Ist City Bank Tower, 201 Main St, Ft Worth											
If well produces oil or liquids,	Unit :	Sec. Tw		Is gas actually		When			V 3 V 11 11			
give location of tanks.	I		5S 37E	Ye			9/21/	55				
If this production is commingled with that f IV. COMPLETION DATA	rom any othe	r lease or poo	l, give commingli	ing order numb	er:		 					
Designate Type of Completion -	· (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v			
Date Spudded		Ready to Pro	xd.	Total Depth	pth P.B.T.D.							
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Forma	ation	Top Oil/Gas Pay			Tubing Depth					
Perforations					<u></u>		Depth Casing Shoe					
TUBING, CASING AND						D						
HOLE SIZE	CAS	ING & TUBI	NG SIZE	DEPTH SET			SACKS CEMENT					
V. TEST DATA AND REQUES	T FOR A	LOWAR	LE				<u> </u>					
OIL WELL (Test must be after re				be equal to or	exceed top allo	wable for this	depth or be j	for full 24 how	rs.)			
Date First New Oil Run To Tank	Date of Test				thod (Flow, pu							
Length of Test	Tubing Pressure			Casing Pressure			Choke Size					
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF					
GAS WELL							<u> </u>					
Actual Prod. Test - MCF/D	Length of To	est		Bbls. Conden	sate/MMCF		Gravity of C	ondensate				
	Tubing Pressure (Shut-in)			O-V D	- Chut in		Choke Size					
Testing Method (pitot, back pr.)	Tubing Pres	ente (2unt-iu)		Casing Pressu	ie (2nut-in)	· · · · · · · · · · · · · · · · · · ·	Choke Size	• .				
VI. OPERATOR CERTIFICA					OIL CON	ISFRV	TION	DIVISIO	N			
I hereby certify that the rules and regula					JIL OON	ICEI (V)		* * * * *	/ I V			
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved							
Wound Dollo					••		· · · · · ·					
				∥ By_	Orig.	Signed by	T					
Signature Donna Holler Agent Printed Name Title					. Pau Ge	l Kautz cologist						
10-31-91	505	-393-27		Title.	∴ 16.2 2		 					
Date		Telepho	ae No.									

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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