

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

Operator Mack Energy Corporation		Well API No. 30-025-11561
Address P.O. Box 1359, Artesia, NM 88211-1359		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE				
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State Form 143 Fee	Lease No.
McBuffington	2	Langlie Mattix SR QN GB		
Location				
Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line				
Section <u>13</u> Township <u>25S</u> Range <u>37E</u> , <u>NMPM</u> , <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refining Company</u>		Address (Give address to which approved copy of this form is to be sent) <u>P.O. Drawer 159, Artesia, NM 88211-0159</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Sid Richardson</u>					Address (Give address to which approved copy of this form is to be sent) <u>1st City Bank Tower, 201 Main St., Ft Worth, TX</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>13</u>	Twp. <u>25S</u>	Rge. <u>37E</u>	Is gas actually connected? <u>Yes</u>	When? <u>9/21/55</u>		

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
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 Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

OIL WELL (Test must be after recovery of total volume of total oil and gas must be equal to or greater than)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

Title _____

4) Separate Form C-104 must be filed for each pool in multiply completed wells.