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District I

P.O. Box 1980, Hobbs, NM 88240

District II

P.O. Drawer DD, Artesia, NM 88210

State of New Mexico

Energy, Minerals and Natural Resources Department

Oil Conservation Division

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

MAY 22 '90

O. C. D.

ARTESIA OFFICE

Form C-104

Revised 1-1-89

I.

| | |
|----------------------------------------------------------------------------|-------------------------------|
| Operator: Mack Energy Corporation | Well API No.: 30-015-02938 |
| Address: P.O. Box 276, Artesia, New Mexico 88210 | Telephone No.: (505) 748-3436 |
| Reason(s) for Filing (Check proper box) _____ Other (Please explain) _____ | |
| New Well _____ Change in Transporter of: _____ | |
| Recompletion _____ Oil _____ Dry Gas _____ | |
| Change in Operator X Casinghead Gas _____ Condensate _____ | |

If change of operator give name and address of previous operator Arrowhead Oil Corporation, P.O. Box 548, Artesia, NM 88210

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------|---------------------------------------------------------------|-----------------------|
| Lease Name Featherstone | Well No. 1Y | Pool Name, Including Formation Square Lake, Grayburg | Kind of Lease State , Federal or Fee | Lease No. LC068722 |
| Location: Unit Letter E: 1880 Feet From The N Line and 660 Feet From The W Line. Sec 10, T 17S, R 29E, NMPM, Eddy County. | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------------------------|-------|
| Authorized Transporter of Oil <u>X</u> or Condensate _____: Navajo Refining Co. | | Address-Give address to which approved copy of this form is to be sent 501 E. Main Street, Artesia, New Mexico 88210 | | | | |
| Authorized Transporter of Casinghead Gas _____ or Dry Gas _____: | | Address-Give address to which approved copy of this form is to be sent | | | | |
| If well produces oil or liquids, give location of tanks | Unit L | Sec. 10 | Twp. 17S | Rge. 29E | Is gas actually connected? No | When? |

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 |
| Date Spudded / / | Date Compl. Ready to Prod / / | | Total Depth | | | P.B.T.D. Post 11-3 | | |
| Elevations | Producing Formation | | Top Oil/Gas Pay | | | Tubing Depth 16-1-90 | | |
| Perforations | | | | | | Depth Casing Shoe Chg. 04 | | |

TUBING, CASING AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|--------------|
| Hole Size | Casing & Tubing Size | Depth Set | Sacks Cement |
| | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

| | | | | | |
|------------------------------------|-------------|------------------|--|------------------|--|
| Date First New Oil Run to Tank / / | | Date of Test / / | | Producing Method | |
| Length of Test | Tubing Pres | Casing Pressure | | Choke Size | |
| Actual Prod. During Test | Oil - Bbl | Water - Bbls. | | Gas - MCF | |

GAS WELL

| | | | |
|--------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke size |

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Deb E. Chase, Production Clerk

Date

OIL CONSERVATION DIVISION

Date Approved

MAY 31 1990

By

ORIGINAL SIGNED BY

MIKE WILLIAMS

Title

SUPERVISOR, DISTRICT II