

District I
 PO Box 1980, Hobbs, NM 88241-1980
 District II
 811 S. 1st Street Artesia, NM 88210-1404
 District III
 1000 Rio Brazos Rd, Aztec, NM 87410
 District IV
 PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
 Energy, Minerals & Natural Resources Department

Form C-104
 Revised February 10, 1994
 Instructions on back
 Submit to Appropriate District Office
 5 Copies

OIL CONSERVATION DIVISION
 PO Box 2088
 Santa Fe, NM 87504-2088

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator Name and Address MACK ENERGY CORPORATION P.O. BOX 960 ARTESIA, NM 88211-0960		OGRID Number 013837
		Reason for Filing Code CO - Effective 11/1/96
API Number 30-025-02405	Pool Name Pearl Queen	Pool Code 49780
Property Code 006108	Property Name Gulf State	Well Number 1

II. Surface Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
E	36	19S	34E		1980	North	660	West	Lea

Bottom Hole Location

UL or lot no	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West Line	County

Lease Code S	Producing Method Code P	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date
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III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
015694	Navajo Refining Company P.O. Box 159 Artesia, NM 88211-0159	1216110	O	

IV. Produced Water

POD	POD ULSTR Location and Description
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V. Well Completion Data

Spud Date	Ready Date	T D	P B T D	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	A O F	Test Method

I hereby certify that the rules 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. Signature: <i>Crissa D. Carter</i>		OIL CONSERVATION DIVISION ORIGINAL FILED BY C. D. WINK FIELD REP. # Approved by: Title: Approval Date: NOV 06 1996	
Printed name: Crissa D. Carter			
Title: Production Clerk			
Date: 11/1/96	Phone: (505)748-1288		
If this is a change of operator fill in the OGRID number and name of the previous operator.		Name:	OGRID #:
Previous Operator Signature	Printed Name	Title	Date

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District I
 P.O. Box 1980, Hobbs, NM 88240
 District II
 P.O. Drawer 00, Artesia, NM 88210

Oil Conservation Division
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS

Operator: Mack Energy Corporation	Well API No.:
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: _____	EFFECTIVE JUNE 1, 1992
Recompletion _____ Oil _____ Dry Gas _____	
Change in Operator <u>X</u> Casinghead Gas _____ Condensate _____	

If change of operator give name and address of previous operator: **Randall Capps DBA Xeric Oil & Gas Co.**
P.O. Box 51311, Midland, TX 79710

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gulf State	Well No. #1	Pool Name, Including Formation Pearl-Queen	Kind of Lease <u>State</u> Federal or Fee	Lease No. E-3143
Location: Unit E : 660 Feet From The WEST line and 1980 Feet From The NORTH Line. Sec 36 T 19S R 34E NMPM Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil <u>X</u> or Condensate _____ Texaco Trading & Transportation	Address-Give address to which approved copy of this form is to be sent P.O. Box 60628, Midland, TX 79702
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 E Sec. 36 Twp. 19S Rge 34E	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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'	<input type="checkbox"/> Diff Res
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
Elevations	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

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 6/11/92
Deb E. Chase, Production Clerk Date

OIL CONSERVATION DIVISION
 Date Approved _____
 By **Paul Kautz**
 Title **Geologist**