

OIL CONSERVATION DIVISION

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

ORIGINAL

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Mack Energy Corporation		Well API No. 30-025-2498500
Address Post Office Box 276, Artesia, New Mexico 88211-0276		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <input type="checkbox"/> Other (Please explain) Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
EFFECTIVE JULY 1, 1992		
If change of operator give name and address of previous operator MERIDIAN OIL		

II. DESCRIPTION OF WELL AND LEASE SI TA 8-1-92

Lease Name LINEBERRY	Well No. 1	Pool Name, Including Formation RHODES YATES 7 RD	Kind of Lease State, Federal or Fee	Lease No. NMNM12026
Location Unit Letter C : 1980 Feet From The W Line and 500 Feet From The N Line Section 28 Township 26-5 Range 37E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil NAVAJO CRUDE OIL	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 159, ARTESIA, NM 88210
Name of Authorized Transporter of Casinghead Gas SID RICHARDSON	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 201 MAIN ST., FT. WORTH, TX 76102
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 28
	Twp. 26	Rge. 37
	Is gas actually connected? YES	When? N/A

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

IV. COMPLETION DATA SID RICHARDSON GASOLINE CO. - Eff. 3/1/93

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		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 (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 (prior, back pr.)	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.

Signature
Deb E. Chase, Vice President
Printed Name
July 28, 1992
Date
Telephone No.

OIL CONSERVATION DIVISION

JUL 29 '92

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

FOR RECORD ONLY: MAP

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.

144/156

MP