

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

Engr. Minerals and Natural Resources Department
Oil Conservation Division
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Revised 1-1-89

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: _____	
Recompletion _____ Oil _____ Dry Gas _____	EFFECTIVE SEPTEMBER 1, 1991
Change in Operator <input checked="" type="checkbox"/> _____ Casinghead Gas _____ Condensate _____	

If change of operator give name and address of previous operator: ~~C&C Operating Corporation, P.O. Box 1829 Hobbs, NM 88240~~ *B+W oil Co. Artesia, N.M.*

II. DESCRIPTION OF WELL AND LEASE

Lease Name Holbrook Federal	Well No. #1	Pool Name, including Formation Vest Ranch Queen Assoc.	Kind of Lease State, Federal or Fee	Lease No. NM-0554963
Location: Unit E : 660 Feet From The West line and 1980 feet From The North Line. Sec 9 T 15S R 30E NMFM Chaves county				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate _____: Navajo Refining Company	Address-Give address to which approved copy of this form is to be sent P.O. Drawer 159, Artesia, NM 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: E Sec: 9 Twp: 15S Rge: 30E
Is gas actually connected?	TSTM
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'	Diff Res
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
Elevations	Producing Formation	Top Oil/Gas Pav		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 - Bbl's.	Gas - MCF

GAS WELL

Actual Prod Test - MCF/D	Length of Test	Bbl's. 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
December 23, 1991
Deb E. Chase, Production Clerk Date

OIL CONSERVATION DIVISION

Date Approved _____

By _____

Title _____