

Operator: Mack Energy Corporation	Well API No.: 30-025-01579
Address: P.O. Box 276, Artesia, New Mexico 88210	Telephone No.: (505) 748-3436
Reason(s) for Filing (Check one or more) _____ Other (Please explain) _____	
New Well _____	Change in Transporter of: _____
Reconveyance _____	Oil _____ Dry Gas _____
Change in Operator ☒ _____	Casinghead Gas _____ Condensate _____

If change of operator give name and address of previous operator: Dallas McCasland PO Box 206 Eunice NM 88231

II. DESCRIPTION OF WELL AND LEASE

Lease Name Corbin A Federal	Well No. #X2	Pool Name, including Formation Maljamar Grayburg SA	Kind of Lease State, Federal Fee	Lease No. LC-029489B
Location: Unit B: 1980 Feet From The East line and 660 Feet From The North Line, Sec 3, T 18S R 33E NMM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil ☒ or Condensate _____ Eitco Koch oil Co.	Address-Give address to which approved copy of this form is to be sent 1031 Andrews Hwy, Suite 305, Midland, TX 79701		
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 Sec. Twp. Rge B 3 18S 33E	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' _____ Diff Res' _____			
Date Spudded _____	Date Compl. Ready to Prod. _____	Total Depth _____	P.B.I.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.

December 9, 1991
September 1, 1991

OIL CONSERVATION DIVISION

Date Approved _____

By Orig. Signed by
Paul Kautz
Geologist
Title _____