

Submit 5 Copies
 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

Form C-104
 Revised 1-1-89

MAY 22 '90

Handwritten: OK + 100

I.

Operator: Mack Energy Corporation	Well API No.: 30-015-02846
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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Root	5	Square Lake, G. SA.	State, Federal Pool	NM7752

Location: Unit Letter K: 2310 Feet From The S Line and 1980 Feet From The W Line. Sec 1, 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 503 E. Main, 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 F	Sec. 1	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 10-3			
Elevations	Producing Formation	Top Oil/Gas Pay			Tubing Depth 6-1-90			
Perforations				Depth Casing Shoe 2137.0p.				

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 OIL WELL 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
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.

Handwritten: Deb E. Chase, Production Clerk
 Date: 5/22/90 April 1, 1990

OIL CONSERVATION DIVISION	
Date Approved	MAY 31 1990
By	ORIGINAL SIGNED BY MIKE WILLIAMS
Title	SUPERVISOR, DISTRICT II