

Submit 5 Copies
 District I
 P.O. Box 1980, Hobbs, NM 88240
 District II
 P.O. Drawer 00, 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

Form O-104
 Revised 1-1-89

RECEIVED

MAR 10 1992

U. C. D.
 ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS

Operator: Mack Energy Corporation	Well API No.: 30-025-30209
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 MARCH 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: Hopper-Barnett, Inc., P.O. Box 1706, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bondurant Federal	Well No. #2	Pool Name, including Formation W. Tonto, Yates Seven Rivers	Kind of Lease <u>Federal</u>	Lease No. NM-63368
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Location: Unit E : 990 Feet From The West line and 2310 Feet From The North Line. Sec 13 T 19S R 32E NMPM Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil <u>X</u> 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 Sec. Twp. Rge E 13 19S 32E	Is gas actually connected? When? No

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 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 OIL WELL equal to or exceed too 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 3/2/92
 Deb E. Chase, Production Clerk Date

OIL CONSERVATION DIVISION

MAR 10

Date Approved _____

By _____

Title _____