

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

C. C. D.
ARTESIA, OFFICE

C/SF
LT
CP

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 _____
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 Gulf State	Well No. 3	Pool Name, Including Formation Empire Yates Seven Rivers	Kind of Lease State, Federal or Fee	Lease No. B-1069
Location: Unit Letter C: 1018 Feet From The N Line and 1642 Feet From The W Line. Sec 22, T 17S, R 28E, NMPM, Eddy County.				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil _X_ or Condensate ____: Navajo Refining Co.		Address-Give address to which approved copy of this form is to be sent 501 E. Main Street, 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 C	Sec. 22	Twp. 17S	Rge. 28E	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 Chg. Cp.			

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		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, Production Clerk

Date

OIL CONSERVATION DIVISION

Date Approved

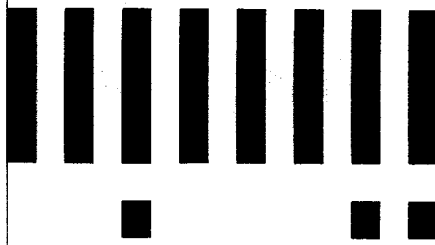
MAY 31 1990

By

ORIGINAL SIGNED BY
MIKE WILLIAMS

Title

SUPERVISOR, DISTRICT II



LTR



Job separation sheet

Bureau of Reclamation
District I
P.O. Box 1980, Hobbs, NM 88240
District II
P.O. Drawer 80, Artesia, NM 88210

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division
P.O. Box 2082
Santa Fe, New Mexico 87504-2082
REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

RECEIVED Form C-104
Revised 1-1-89

JAN 12 '90

O. C. D.
ARTESIA, OFFICE

Operator: Arrowhead Oil Corporation		Well API No.:
Address: P.O. Box 842, 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	Casinghead Gas	Condensate

If change of operator give name and address of previous operator J. B. Adamson, P.O. Box 727, Artesia, NM 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gulf State	Well No. 3	Pool Name, Including Formation Empire Yates Seven Rivers	Kind of Lease State, Federal or Gas	Lease No. E-1069
Location: Unit Letter C: 1018 Feet From The N Line and 1642 Feet From The W Line. Sec 22, T 17S, R 29E, NMPM, Eddy County.				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil ___ or Condensate ___ Navajo Refining Co.	Address-Give address to which approved copy of this form is to be sent 501 E. Main Street, Artesia, New Mexico 88210					
Authorized Transporter of Casinghead Gas ___ or Dry Gas ___ Phillips Petroleum Co.	Address-Give address to which approved copy of this form is to be sent Bartlesville, Oklahoma 74004					
If well produces oil or liquids, give location of tanks	Unit C	Sec. 22	Trp. 17S	Rgn. 29E	Is gas actually connected? Yes	When? May 20, 1985

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.			
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/MCF	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.

Joe E. Chasz
Joe E. Chasz, Production Clerk

January 12, 1990

Date

OIL CONSERVATION DIVISION

Date Approved

JAN 22 1990

By

Title

CHASZ

CHASZ
SUPERVISOR, DISTRICT II