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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

Form C-104
Revised 1-1-89

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VT
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I.

Operator: Mack Energy Corporation	Well API No.: 30-015-01521
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 Donnelly Drilling Company, P.O. Box 367, Carlsbad, NM 88221
II. DESCRIPTION OF WELL AND LEASE

Lease Name Wentz Aid	Well No. 1	Pool Name, Including Formation Aid Yates-Seven Rivers	Kind of Lease State, Federal or Fee	Lease No. B6251
Location: Unit O: 330 Feet From The South line and 2310 Feet From The East Line. Sec 24, 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 P.O. Drawer 159, 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	Sec.	Twp.	Rge	Is gas actually connected?	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 Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING,CASING AND CEMENTING RECORD

Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement
			Post ID-3 8-21-90 chg ap

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 8/1/90	OIL CONSERVATION DIVISION Date Approved AUG 2 4 1990 By ORIGINAL SIGNED BY TITLE SUPERVISOR, DISTRICT II
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