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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

RECEIVED

NOV 11 1991

O. C. D.
ARTESIA OFFICE

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Operator: Mack Energy Corporation ✓	Well API No.: 30-015-02466
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 <input checked="" type="checkbox"/> Casinghead Gas _____ Condensate _____ Effective 3/1/91	

If change of operator give name and address of previous operator **Metex Pipe & Supply, PO Box 1037, Artesia, New Mexico, 88211-1037**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hudson-Saikin State	Well No. #1	Pool Name, Including Formation Redlake-QN-GB-SA	Kind of Lease <input checked="" type="radio"/> State <input type="radio"/> Federal or Fee	Lease No. B-5862
Location: Unit E : 330 Feet From The West line and 2310 Feet From The North Line. Sec 31 T 17S R 28E NMPM Eddy county				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> or Dry Gas _____ Phillips 66 Natural Gas Co.	Address-Give address to which approved copy of this form is to be sent P.O. Box 5050, Bartlesville, OK 74005		
If well produces oil or liquids, give location of tanks Unit E Sec. 31 Twp. 17S Rge 28E	Is gas actually connected? Yes		When? 06-84

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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'	<input type="checkbox"/> 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 11-22-91 chg op

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.

Deb E. Chase
Deb E. Chase, Production Clerk
Date **August 1, 1991**

OIL CONSERVATION DIVISION

Date Approved **NOV 11 1991**

By **ORIGINAL SIGNED BY**
Title **MIKE WILLIAMS**
SUPERVISOR, DISTRICT II