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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

RECEIVED

Form C-104  
Revised 1-1-89

MAY 22 '90

O. C. D.  
ARTESIA, OFFICE

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) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/> Change in Transporter of:	
Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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 Camille	Well No. 1	Pool Name, Including Formation E. Empire Yates, Seven Rivers	Kind of Lease State, <del>Federal or Fee</del>	Lease No. B-1969
Location: Unit Letter I: 1650 Feet From The S Line and 330 Feet From The E Line. Sec 22 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 <input type="checkbox"/> : 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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/> :		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 I	Sec. 22	Twp. 17S	Rge. 28E	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'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 CAS-OP.		

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/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

Title

MIKE WILLIAMS  
SUPERVISOR, DISTRICT II