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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

C/S  
Lef

O. C. D.

ARTESIA, OFFICE

Operator: Mack Energy Corporation	Well API No.: 30-015-05033
Address: P.O. Box 275, 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 Bedingfield Federal	Well No. 2	Pool Name, Including Formation Square Lake, G. SA.	Kind of Lease <del>Shut-in</del> Federal <del>Lease</del>	Lease No. NM7752
Location: Unit Letter N: 660 Feet From The S Line and 1980 Feet From The W Line. Sec 1, T 17S, R 29E, NMPM, Eddy County.				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil <u>X</u> or Condensate _____: Navajo Refining Co.	Address-Give address to which approved copy of this form is to be sent 503 E. Main, 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 N	Sec. 1	Twp. 17S	Rge. 29E	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. 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  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II